

USAID NIGERIA
RESULTS REPORT/RESOURCE REQUEST
2001

MARCH, 1999

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Memorandum

To: Assistant Administrator for Africa
From: Felix Awantang, Mission Director
Date: April 9, 1999
Subject: **Cover Memorandum to USAID/N 2001 R4**

USAID/N continues to function exclusively with the private sector using local and US Non Governmental Organizations (NGOs) as partners in the implementation of our programs. During the past year, USAID's program in Nigeria made impressive gains despite decertification and related restrictions.

In the Democracy and Governance program, which seeks to strengthen civil society's contribution to sustainable democracy and good governance through empowering women, USAID/N affirms that:

In spite of a hostile and repressive environment within which the DG program was implemented, impressive gains have been recorded which exceed program objective expectations. NGO implementing partners reached a greater number of women through the media and IEC efforts, coalitions were formed around specific DG issues and our target groups of youth and women demonstrated a greater willingness to take part in program activities. Surveys findings indicate that participation has improved women's knowledge of legal rights, democratic practices, and local politics. With the support of our implementing partners (IPs), women have achieved empowerment by running and attaining political office, gaining appointment to village councils, winning landmark rulings that reversed discriminatory and repressive practices; and instituting women's issues in the media, in schools and in the community. It is estimated that over 3.2 million women and youth were reached through the media, advocacy visits, workshops, lectures and discussion groups.

3,090 women were trained during this period enhancing women's capacity to be effective in public office. USAID/N notices that through our programs more women are willing to canvass for public office through election. Over 20 women were elected over men to legislative office including a woman elected to a senate office in the conservatively Moslem Kano State. NGOs were strengthened through leadership and financial skills training, networking and coalition building. Evaluation findings indicate more awareness to transparency and accountability in the management practices of the Non Government Organizations who are our partners.

Within weeks of the announcement by General Abubakar of elections leading to a hand-over of power to a civilian government, a plan was developed to support the transition. It consisted of support to international and domestic election monitoring, the training of political party poll agents and voter education. Working with both USAID/N's ongoing IPs and bringing new specialized partners to Nigeria, USAID/N made a significant impact on the electoral phase of the

transitional process. Plans are on the way to train all elected officials in good governance before they take office.

Our health program has been seamlessly integrated, leading to increased synergy and leveraging. Results in increasing Voluntary Use of Family Planning were not as impressive as other sectors in health and did not meet the ambitious expectations laid out in the 1994 CSP after the withdrawal of support to the public sector. A major reason for this is the continued lack of sufficient support and resources for contraceptive social marketing activities. However, the Mission has facilitated key support to family planning programs from other donors particularly the British Department for International Development and the UN Population Fund. In the USAID/N focus states, Non-Governmental Organizations continue to provide an important local source of contraceptives. Renewed efforts in improving the quality of private clinical services show signs of addressing the constraints in this important area. Contraceptive prevalence rate which was high of 11.3% in 1994 dropped to a low of 7.1% in 1995 and has yet to recover to the 1994 level as the Nigerbus survey of late 1998 indicated. The apparent recovery is attributed to increases in condom use due to the heavy promotion of condom use to protect against HIV/AIDS infections. In spite of this slow increase, USAID/N activities alone generated 4.88 million couple years of protection between 1993-1998. IEC and marketing strategies have been developed and are in place to increase demand for modern contraceptives. Increases in supply and availability of modern contraceptives were noted in FY 1997 but stabilized in FY 1998 with overall sales of pills at 2.3 million. USAID/N supplied nearly 18 million more condoms to prevent a possible stock out in January 1999. Through our implementing partners, USAID/N made available to 2,000 agents affiliated with 41 service sites in our focus states non prescriptive contraceptives for hard to reach clientele. USAID/N is also equipping and training our IP partners and market - based distributors.

USAID/N made significant progress **to improve maternal and child health practices**. Although the Mission does not support the public sector, USAID/N played a significant role in shaping national health policies through the Inter-Agency Coordinating Committee on Immunization and improving routine immunization services in focus states served by our NGOs. USAID/N's played a major role in two rounds of National Immunization programs in 1998. Coverage of children under five was 100%. USAID/N has played a major role in improving availability and efficacy of vaccines administered at the local level through the provision of cold chains equipment and technical assistance in the storage, distribution and administration of vaccines.

Our expectations in meeting our objectives in the control of HIV/AIDs were met. The momentum established under the AIDSCAP project continues. Over 50 million condom sales were recorded. During the launching of the 1998 World AIDs Campaign the Nigeria Minister of Health announced that 70% of Nigerians are now aware of HIV/AIDs and that 50% are certain about modes of transmission and prevention. USAID can claim some of the credit for the improved statistics in dissemination of information. While there is room for improvement, the increase knowledge in the general population since 1993 indicates that the mission target of 80% in knowledge will be reached by year 2000.

Nigeria is currently going through a period of feverish political excitement with many challenges and opportunities for Nigerians to correct the many wrongs and distortions the country has suffered. This period of change also provides opportunities for the US Mission and USAID in particular to improve the relationship with Nigeria through the implementation of the 19 objectives in the MPP. After the recent dramatic political changes of the past year and under the current military ruler, Nigeria is currently at a historical juncture with its president elect, governors, senators and parliamentarians waiting to be sworn in May 1999, marking the beginning of new civilian government. The USG and USAID have been quick to react constructively and cautiously to the opportunities provided by the current change. USAID has reviewed and is upgrading its staffing profile in Nigeria, and is currently reviewing its overall strategy and program in Nigeria to maintain an assistance level commensurate with the USG's humanitarian and national interests in Nigeria.

The USG has also been swift in using quick disbursing mechanisms through the Office of Transition Initiatives (OTI) to bring in much needed assistance in the conduct of recent elections in Nigeria. This assistance was timely and much appreciated, as is current assistance to provide training to newly elected officials. As these and other immediate-term initiatives are implemented to assist the GON through the transition, USAID will be reviewing its long-term strategy in Nigeria. The Mission is also exploring ways of folding current short-term initiatives into longer term initiatives designed to actualize Nigeria's much vaunted potential in many sectors.

Initiatives in this R4 are based on the assumption that the nurturing of a democratic civilian culture and government in Nigeria will be a long term strategic objective for the USAID and the USG Mission. It is also assumed that USAID will continue to operate predominantly in the private for-profit and not-for-profit sectors with selected public sector interventions, where permissible, in support of Nigeria's overall development. We will also continue to collaborate with and leverage resources from other donors. Because of the lack of data in many areas of national activities, sector assessments may be needed even in those areas in which the reduced USAID/N program was authorized to work, and in new sectors such as basic education. This situation calls for a gradual program build up and the need for an interim strategy, given that Nigeria's new civilian government will need time to sort out its priorities. An interim strategy for 18-24 months is, therefore, under preparation for both the health and governance components of the program.

USAID/N's FY2001 request is made with the expectation that the Federation of Nigeria will have a newly installed democratic government and Head of State on May 29, 1999.

The OYB that is determined by AID/W for the FY1999 program is **\$13.2 million. (An additional \$8.0 in ESF is also promised)**. The FY2000 request is **\$20.0 million and \$38.0 is requested for FY2001**, to ensure program responsiveness to the Mission Program Plan (MPP). The basic assumption in the requested levels is that the USAID/N program budget and interventions will continue to increase gradually as the program moves from a transition to normal development programming.

During the three year framework covered by this request, USAID/N's proposed interventions in order of priority are: 1) democracy and good governance (DG), 2) An integrated health program

3) human capacity building/basic education and 4) private sector development. HIV/AIDS/STD prevention and mitigation is of prime concern, followed by reproductive health and child survival. The program will continue to be essentially humanitarian in nature, implemented by NGOs and focusing on community level interventions with selective engagement of the public sector.

USAID/N's proposed interventions in the areas of good governance, economic reform and private sector development will be designed and implemented in partnership with USAID/BHR/OTI and the Global Bureau's Center for Democracy and Governance.

OTI proposes four areas for its transition assistance, as follows: 1. Training for good governance; 2. Delta pilot projects, including conflict resolution; 3. Coalitions for reform, especially economic reform and private sector development; and 4. Civil-military relations. All of OTI's activities will be developed and implemented in close coordination with the Mission and with Embassy/Lagos. OTI brings its own budgetary resources and logistical support to enhance the Mission's programs. Its budget for FY99 is \$5-\$7,000,000 and similar funding levels are anticipated for FY2000 and FY2001.

Pipeline review: Obligations in FY 1998 were not possible until the decertification waiver was approved by the Administrator and Congress was notified, a process which delayed USAID/N's obligation until late into the fiscal year. The pipeline at the end of FY 1998 was as follows:

SO1: Family planning:	\$743,424
SO2: Child Survival:	\$233,666
SPO1: HIV/AIDS Control:	\$326,619
SPO2: DG	\$1,036,415

There are no pipeline issues.

An interim transitional strategy (18-24 months) is required to enable USAID to undertake a gradual program build-up given that Nigeria's new civilian government will need to sort out its priorities. This short-term strategy will be in place while the Mission develops a longer-term strategy hopefully by the end of FY2001. Both actions will require significant Washington input and timely review as well as prompt approvals. Critical to the success of these two actions will be USAID/W's commitment to provide the adequate resources (both funding and staff) necessary to carry-out defined strategic objectives.

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ACRONYMS/ABBREVIATIONS

AED	Academy for Educational Development
AFP	Acute Flaccid paralysis
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
ARI	Acute Respiratory Infections
AVSC	Access to Voluntary and Safe Contraception
AWA	Abakaliki Women Association
AWAC	Anambra Women Awareness Committee
AZT	Zidovudine (Drug)
BASICS	Basic Support for Institutionalizing Child Survival
BRECAN	Breast Cancer Association of Nigeria
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
CA	Cooperating Agencies
CASC	Community Advocacy Support Committee
CBD	Community-Based Distribution
CBE	Community-Based Evaluation
CBO	Community –Based Organization
CCCD	Control of Childhood Communicable Diseases
CDC	Centers for Disease Control and Prevention
CEDPA	Center for Development and Population Activities
CID	Community Immunization Day
COWAD	Community Women and Development
CPH	Community Partners for Health
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organizations
CSP	Country Strategic Plan
CSW	Commercial Sex Worker
CYP	Couple-Years of Protection
DFID	Department of International Development (formerly ODA)
DG	Democracy/Governance
DHS	Demographic Health Survey
DPT	Diphtheria, Pertussis, and Tetanus Vaccine
EPI	Expanded Program on Immunization
EPR	Epidemic Preparedness and Response
ESF	Economic Support Funds
EXO	Executive Officer
FHI	Family Health International
FIDA	Federacion Internationale de Abogada (International Federation of Women)
FSN	Foreign Service National
FMOH	Federal Ministry of Health

FY	Fiscal Year
GON	Government of Nigeria
GYM	Gumel Youth Movement
HBC	Home Based Care
HIV	Human Immuno-deficiency Virus
IBHS	Integrated Baseline Household Survey (USAID/Nigeria)
ICC	Inter-agency Coordinating Committee
ICRW	International Center for Research on Women
IEC	Information Education and Communication
IFES	International Foundation for Election System
IMCI	Integrated Management of Childhood Illnesses
IMPACT	Implementing AIDS Prevention and Care
IMR	Infant Mortality Rate
INITIATIVES	Private Initiatives for Primary Healthcare
IP	Implementing Partners
IPPF	International Planned Parenthood Federation
IR	Intermediate Result
IUD	Intrauterine Device
JHU/PCS	Johns Hopkins University/Population Communications Services
LGA	Local Government Area
MICS	Multi-Indicator Clustered Survey (Federal Republic of Nigeria/UNICEF)
MPP	Mission Performance Plan
NAWOJ	Nigerian Association of Women Journalist
NDHS	Nigeria Demographic and Health Survey (1990)
NGO	Non-governmental Organization
NID	National Immunization Day
NISH	Nigeria Integrated Survey of Household (Federal Office of Statistics)
ODA	British Overseas Development Agency
OPV	oral Polio Vaccine
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PABA	People Living with AIDS
PDT	Performance Data Table
PHN	Population, Health and Nutrition
PLWHA	People Living with HIV/AIDS
PMP	Performance Monitoring Plan
PPFN	Planned Parenthood Federal of Nigeria (IPPF Affiliate)
PSI	Population Service International
SFH	Society for Family Health (Affiliate of PSI)
SSS	Salt and Sugar Solution
SO	Strategic Objective
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendants
TTO	Tetanus Toxoid (Vaccine)
UNFPA	United Nations Family Planning Association

UNICEF	United Nations International Children's Fund
USAID	U.S. Agency for International Development
USIS	U.S. Information Agency
VHW	Village Health Worker
WHO	World Health Organization
WIN	Women in Nigeria

Part I: Overview and Factors Affecting Program Performance

Nigeria is currently going through a period of feverish political excitement with many challenges and opportunities for Nigerians to correct the many wrongs and distortions the country has suffered. This period of change also provides possibilities for the U.S. Mission and USAID in particular to nurture and improve the relationship with Nigeria through the implementation of programs in support of six of the U.S. Mission's 19 objectives in the Mission Program Plan. Less than a year ago, Nigeria was still under a repressive political environment. The death of Nigeria's military dictator Sani Abacha in June 1998 led to the opening up of the political environment by his successor, General Abubakar. Within months of taking office, General Abubakar moved swiftly to implement a series of political, economic and military reforms designed to restore national unity and a democratic government in Nigeria. This included a series of transition elections for local, state and federal positions. As a result of the recent dramatic political changes of the past year, Nigeria is currently at a historical juncture with its president-elect, governors, senators and parliamentarians waiting to be sworn in May 1999, marking the beginning of new civilian government.

The USG and USAID have been quick to react constructively and cautiously to the opportunities provided by the current change. USAID has reviewed and is upgrading its staffing profile in Nigeria, and is currently reviewing its overall strategy and program in Nigeria to maintain an assistance level commensurate with the USG's humanitarian and national interests in Nigeria. The USG has also been swift in utilizing USAID's quick disbursing mechanisms, through the Office of Transition Initiatives (OTI), to bring in much needed assistance in the conduct of recent elections in Nigeria. This assistance was timely and much appreciated, as is current assistance to provide training to newly elected officials. As these and other immediate-term initiatives are implemented to assist the GON through the transition, USAID will be developing a longer-term strategy in Nigeria. The Mission is also exploring ways of folding current short-term initiatives into longer term initiatives designed to actualize Nigeria's much vaunted potential in many sectors.

Initiatives in this R4 are based on the assumption that the nurturing of a democratic civilian culture and government in Nigeria will be a long term strategic objective for the USAID and the USG Mission. It is also assumed that USAID will continue to operate predominantly in the private for-profit and not-for-profit sectors with selected public sector interventions, where permissible, in support of Nigeria's overall development. We will also continue to collaborate with and leverage resources from other donors. Because of the lack of data in many areas of national activities, sector assessments may be needed even in those areas (Child Survival, HIV/AIDS, Family Planning), in which the reduced USAID/Nigeria program was authorized to work, as well as in new sectors such as basic education. This situation calls for a gradual program build up and the need for an interim strategy, given that Nigeria's new civilian government will need time to sort out its priorities. An interim strategy for 18-24 months is, therefore, under preparation for both the health and governance components of the program.

Proposed and continuing initiatives fully support both Agency goals and the US Mission Program Plan (MPP). These activities will be upgraded quantitatively and qualitatively to

strengthen the country program. Current country strategic objectives support Agency goals as follows. Our Strategic Objectives numbers one and two: Increased Voluntary Use of Family Planning and Improve Maternal and Child Health Practices support the Agency goal in population and health as does our Special Objective in improved HIV/AIDS Prevention and Impact Mitigation Practices. The Special Objective two, Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance contributes to the Agency goal of democracy. The proposed intervention in basic education, when approved, will support the Agency goal in human capacity development.

Of 19 specific objectives listed in the MPP, the following four confirm the importance of USAID's work in promoting democratization and respect for human rights:

- (#1) Continue to press the regime at all levels to establish democratic institutions, including a free press, and sound economic policies
- (#4) Assist democratic transition through appropriate democratization and human rights projects via USAID and USIS programs
- (#5) Promote a culture of democracy, observation of human rights, and due process and the release of all political detainees; and
- (#19) Encourage a free and independent media

The MPP calls for an increase in DG programs through NGOs as one of the only means to work toward the MPP's goals, given the poor state of bilateral relations in the past. The plan notes that USAID/N's work with grassroots NGOs serves to maintain a constructive presence in Nigeria and puts the USG in a good position to influence events in the newly elected democratic government. The USAID BHR/OTI transitional initiatives are linked to the Agency Goal 6: lives saved, suffering associated with natural or man-made disasters reduced, and conditions necessary for political and or economic development reestablished as well as the D/G MPP linkages stated above.

USAID/N's support for integrated NGO family planning and health activities, which is integrated with DG activities, is thus central to the US Government's engagement in Nigeria as well. In fact, the MPP lists the maintenance of an NGO health delivery program by USAID/N as a critical operating assumption. The mission's efforts in family planning (SO1), child survival (SO2), and mitigation of the impact of HIV/AIDS (Special Objective 1) are the key USG measures designed to achieve two specific objectives of the MPP:

- (#9) Improve NGO to contribute to child survival, AIDS prevention, and reduced population growth
- (#10) Contribute to basic humanitarian health care outreach to poor and under served Nigerians, including northern populations.

Efforts to increase use of modern family planning support US interests to control world population growth; in fact, a policy goal statement submitted in October 1997 by the State Department's Africa Bureau specifically calls for "expanding family planning programs in West Africa, particularly Nigeria, Mali, and Burkina Faso." The Mission's efforts to promote child survival (SO2) and to mitigate the impact of HIV/AIDS (Special Objective 2) support US interests to protect human health and to reduce the spread of infectious diseases. The US Embassy relies on USAID/N to implement programs in support of these interests.

The new strategic objective proposed in basic education and human capacity building will contribute to Strategy #6 of the US Strategic Plan for International Affairs – “promote broad based economic growth in developing and transitional economies” and complements Agency goal #3, human capacity development through education and training. Our proposed target of opportunity, private sector growth and economic reform, is linked to Agency goal #1, broad-based economic growth and agricultural development encouraged.

In sum, USAID/N’s bilateral program not only supports direct US national interests within Nigeria, but it is a cornerstone to other efforts in West Africa.

Part II: Results Review by Strategic Objective

Strategic Objective 1: Increased Voluntary Use of Family Planning

USAID/Nigeria's efforts under Strategic Objective one (SO1) are designed to increase the knowledge, acceptance, and use of modern family planning in Nigeria, particularly in the 20 focus states as well as at the national level. Central to achievement of the SO are intermediate results (IRs) of increased demand for family planning and increased availability of modern contraceptives. The latter has been an area of particularly great difficulty since 1995 when USAID/W support for contraceptive commodity supply to Nigeria was withdrawn.

Central to the Mission's private-sector strategy under SO1 are the integrated health programs of non-government organizations (NGOs). These NGOs are assisted by USAID/Nigeria's implementing partners (IPs) in the 14 focus states and nationwide contraceptive social marketing (CSM) efforts under the Society for Family Health (SFH), the Nigerian affiliate of Population Services International (PSI). The Center for Development and Population Activities (CEDPA) focuses on the promotion of community-based distribution (CBD) of contraceptives through NGOs. In conjunction with the BASICS Project, the Centers for Disease Control/Nigeria (CDC/N), and Family Health International/IMPACT (FHI/IMPACT), CEDPA also promote the integration of clinical family planning services into NGO health programs in the focus states. The Johns Hopkins University Population Communication Services (JHU/PCS) provide technical assistance in the area of information, education, and communications (IEC). Two additional IPs, AVSC International and Pathfinder International have recently re-joined the USAID/Nigeria's family planning program and are working with NGOs to increase and improve quality of clinical services and IEC capacity.

Program Performance

During FY1998, performance under SO1 continued to fail to meet the ambitious expectations laid out in the Mission's Country Strategic Plan (CSP) as revised in 1994 to reflect the withdrawal of all USAID support to the public sector. A major reason for this is continued lack of sufficient support for CSM activities. The Mission has made significant inroads in facilitating key support for PSI/SFH's program from other donors, particularly the British Department for International Development (DFID) and the United Nations Population Fund (UNFPA). USAID has recently returned to a modest provision of contraceptive commodities to PSI/SFH as well as further support for social marketing. UNFPA is also supporting the improvement of public

sector family planning services in 12 focus states through supply of contraceptive commodities, clinical training, and IEC activities. Unfortunately, the combined level of support from all donors still does not equal the level originally programmed by USAID in 1994. In the Mission's focus states, CBD programs under USAID-supported NGOs continue to provide an important local source of contraceptives. Renewed efforts during FY1998 to improve the quality of private clinical services show signs of hope in addressing this very important and neglected area in the USAID/N's portfolio.

Overall performance on SO1 is measured by the contraceptive prevalence rate (CPR) for modern methods. Fully representative national-level data have been unavailable since the CPR was found to have dropped from a high of 11.3% in 1994 to just 7.1% in 1995 (see Performance Data Table (PDT) 1.1). Use of modern methods may have begun to recover as shown by the findings of Nigerbus surveys. However, the use has yet to reach earlier highs (see comments in PDT 1.1). The apparent recovery is primarily based on increased use of condoms, which have been heavily promoted for use as protection against HIV/AIDS and other sexually transmitted infections (STIs). Contraceptive prevalence rate (CPR) for oral pills remains low at 4% whereas rates for intra-uterine devices and injectables hovers around 1% each.

In order to verify the trend suggested by the various survey findings on CPR, the Mission relies on the aggregation of couple-years of protection (CYP) provided through PSI/SFH's CSM program, which is estimated to account for 85-90% of all modern contraceptives distributed in Nigeria. Although the trend depicted in PDT1.2 does not imply that use of modern methods of contraception could have improved significantly at the national level in the last few years, USAID activities alone generated 4.88 million CYPs between 1993 and 1998. Issues contributing to the lack of progress relate to the limited supply of contraceptives in Nigeria, and are discussed below under IR 1.2.

Intermediate Result 1.1: Increased Demand for Modern Contraception

Available national-level data on knowledge of modern methods of contraception among women show a positive trend up to 1995, which appeared to be on track to meeting the Mission's target of 85% by 2000. While Nigerbus surveys conducted in 1993-97 found increases in levels of awareness among adults for all modern methods except IUDs, Nigerbus findings in 1998 do not support the conclusion that that progress in increasing knowledge of at least one method among women has been sustained (see PDT1.3).

USAID's implementing partners conducted a wide range of activities during FY1998 to address the need to increase awareness of and demand for modern family planning. PSI/SFH launched a radio program focussing on family planning entitled "One Thing at a Time", and conducted provider education seminars promoting the range of family planning products available. This was in addition to a variety of activities promoting the use of condoms for protection against transmission of HIV (see more under Special Objective 1).

JHU/PCS activities to help USAID-supported NGOs develop their IEC capacity included a communication strategy design workshop in each of the three clusters and a marketing strategy workshop for the three cluster-based Resource and Training Centers. Also, design,

documentation and script-writing workshops to develop three radio drama serials were conducted in the three clusters, while 2,000 IEC resource kits for community health extension workers were distributed. In order to improve the quality of reporting on health issues by journalists, 1,000 press briefing kits addressing integrated family planning, health, and women's empowerment were distributed to journalists in the three clusters.

CEDPA's community-based efforts reached over 380,000 clients through IEC activities. AVSC reproduced and distributed over 20,000 brochures and posters to NGOs in USAID focus states promoting long-term and permanent methods. Pathfinder helped deliver messages on family planning and reproductive health to an audience of nearly 14,000 through advocacy meetings, sensitization seminars, marketplace campaigns, clinic group talks, home visits, and family life education in schools.

Intermediate Result 1.2: Increased Availability of Modern Contraceptives

Key developments behind the increased level of CYPs reported by PSI/SFH over FY1997 were growth in sales of condoms and the Duoferm pill, which apparently has won acceptance as the replacement for the Lo-femenal brand in the private sector. Overall sales of pills (2.3 million), intra-uterine devices (IUDs)(37,000 units), and the injectables Depo-Provera and Noristerat (350,000 doses) remained stable in FY 1998 as compared to the previous year. USAID/Nigeria was able to supply nearly 18 million more condoms to PSI/SFH to prevent a possible stock-out by January 1999. This need for USAID supply became even more critical after a shipment of condoms by PSI from Korea failed inspection in September 1998 and was rejected. The Mission also procured an additional \$250,000 worth of various other contraceptive commodities for PSI/SFH in 1998, while a much-needed shipment of 600,000 doses of Depo-Provera injectable contraceptives procured by PSI through UNFPA arrived in October 1998.

In USAID focus states, CEDPA and Pathfinder are the primary IPs promoting increased availability of modern contraceptives through training and equipping of CBD agents. During FY1998, CEDPA worked with about 2,000 CBD agents affiliated with 41 service sites to make non-prescriptive contraceptives available to hard-to-reach clientele. Pathfinder identified and trained 174 community- and market-based distributors by the end of September 1998. Through USAID support, Pathfinder and AVSC were also able to assist clinical services at 32 NGO partner sites, thereby increasing the number of clinical sites receiving USAID support from 25 in 1997 to 44 in 1998, an increase of 76% over 1997 number. Advocacy visits by AVSC in eight states during FY1998 further promoted the provision of long-term and permanent surgical contraception as well as effective referral linkages within the private sector.

Expected Performance through FY 2001 and Management

With the drastic downsizing and reorienting of USAID's family planning program since 1994, it has become necessary for the Mission to revisit national targets. The CYP target for 2000 has thus been revised to reflect a more modest expectation, a change which parallels adjustment of the CPR target as discussed in last year's R4 submission. The Mission is considering integrating CYP reporting by PSI with that of other IPs (currently presented in PDT 1.2 comments) in order to create a unified reporting of CYPs facilitated through USAID support.

With continued modest funding for family planning, USAID will only be able to report modest achievements and will seek additional support from UNFPA and DFID. However, with more substantial funding for family planning, the Mission could intensify its activities to increase demand in the focus states, specifically targeting young persons aged 10-24 years for comprehensive sexuality education and family planning services, increasing male participation in family planning, and promoting long-term contraceptive services and dual protection. In addition, USAID will continue efforts to strengthen local partners in service delivery, emphasizing good management, supervision, and logistics, as well as encouraging activities that would enhance sustainability of its Nigerian partner NGOs (see Annex 3). Should the ban on support to the GON be lifted as a result of change in policy environment, USAID would consider engaging the public sector in states that are not already working with UNFPA.

USAID will more actively pursue IR 1.3, "Enhanced Quality of Family Planning Services" as it makes progress through FY 2001. Activities designed to achieve this IR include training and retraining of service providers in long-term and permanent methods by AVSC and Pathfinder. Quality Assurance meetings will be held to sensitize policymakers and medical directors of NGOs on quality of care issues and encourage them to develop plans for improving quality of reproductive health and family planning services in their states and clinics. AVSC and Pathfinder will be expected to address quality of care issues related to clinics.

Performance Data Tables: SO 1 Increased Voluntary Use of Family Planning

Performance Data Table 1.1

Performance Data Table 1.1

STRATEGIC OBJECTIVE 1: Increased voluntary use of family planning APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria																											
RESULT NAME: SO1 Increased voluntary use of family planning																											
INDICATOR: Contraceptive prevalence rate, modern methods																											
UNIT OF MEASURE: percent of women age 15-49 SOURCE: NDHS (1990), NISH (1993-94), MICS (1995) NISH (1996-98) INDICATOR DESCRIPTION: nationwide. MICS II will provide new nationwide data for 1999. For trend during interim years see proxy data from Nigerbus surveys below. COMMENTS: New targets established based on 1995 baseline due to disruption in contraceptive supply. Nigerbus surveys in 1993-98 indicate that use of modern methods peaked in 1996, after which progress has slowed somewhat. The trend also indicates that condom use has increased dramatically, in large part due to HIV/AIDS and STD prevention campaigns, while overall gains in use of other methods are less substantial: <table><tr><td></td><td><u>Total</u></td><td><u>non-condom</u></td></tr><tr><td>1993</td><td>10.0%</td><td>4.7%</td></tr><tr><td>1994</td><td>12.0%</td><td>3.6%</td></tr><tr><td>1995</td><td>18.2%</td><td>4.2%</td></tr><tr><td>1996</td><td>33.6%</td><td>8.6%</td></tr><tr><td>1997</td><td>25.3%</td><td>7.9%</td></tr><tr><td>1998⁺</td><td>18.7%</td><td>n.a.</td></tr><tr><td>1998*</td><td>19.3%</td><td>9.9%</td></tr></table> <p>+ NISH 1998 * USAID Spot Survey R4 reporting on trends in CPR in USAID focus areas will resume with implementation of DHS.</p>		<u>Total</u>	<u>non-condom</u>	1993	10.0%	4.7%	1994	12.0%	3.6%	1995	18.2%	4.2%	1996	33.6%	8.6%	1997	25.3%	7.9%	1998 ⁺	18.7%	n.a.	1998*	19.3%	9.9%	YEAR	PLANNED	ACTUAL
		<u>Total</u>	<u>non-condom</u>																								
	1993	10.0%	4.7%																								
	1994	12.0%	3.6%																								
	1995	18.2%	4.2%																								
	1996	33.6%	8.6%																								
	1997	25.3%	7.9%																								
	1998 ⁺	18.7%	n.a.																								
	1998*	19.3%	9.9%																								
	1990 (B)		3.8%																								
	1993	7.0%	9.3%																								
	1994	11.0%	11.3%																								
1995	15.0%	7.1% †																									
1995 (B)		9.3%††																									
1996	10.0%	33.6%*																									
1997	11.0%	25.3%*																									
1998	12.5%	19.3%**																									
1999	13.5%																										
2000 (T)	15.0%																										

[†] Assistance with contraceptive supplies withdrawn by USAID

^{††} New baseline established for USAID focus states (IBHS)

* Unit of measure is "adults". Data not dis-aggregated for women of reproductive age

** Data obtained from USAID-funded Spot Survey. Sampled states included USAID and non-USAID focus states

Performance Data Table 1.2

STRATEGIC OBJECTIVE 1: Increased voluntary use of family planning APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: SO1 Increased voluntary use of family planning			
INDICATOR: Couple-Years of Protection			
UNIT OF MEASURE: Couple-Years of Protection SOURCE: Calculated from sales figures of Population Services International / Society for Family Health INDICATOR DESCRIPTION: Aggregate of contraceptive effects of all commodities sold through PSI's contraceptive social marketing program. CYPs for 1993-1998 recalculated using factors recommended by USAID's Common Indicators Working Group in 1998. Based on the recommendation from the audit of FY 1996 report, data for 1996 has been revised to reflect Fiscal Year for PSI rather than calendar year. COMMENTS: PSI's distribution is estimated to comprise 85-90 percent of the national supply; public sector distribution is negligible. Targets have been revised to match PSI/SFH's targets to reflect interruption in USAID supply after 1995. All CYPs are based on commodities supplied by USAID except for the following: - 1996: 71,000 CYP provided by ODA and UNFPA - 1997: 84,000 CYP provided by ODA/DFID - 1998: 98,000 CYP provided by DFID In USAID cluster states, CEDPA, Pathfinder, and AVSC report supply of commodities and services through CBD and clinic-based NGO programs producing the following totals: - 1995: 2,996 CYP - 1996: 27,612 CYP - 1997: 8,911 CYP - 1998: 15,703 CYP	YEAR	PLANNED	ACTUAL
	1991(B)		12,508
	1992		47,004
	1993	3,500,000 [†]	686,854 [‡]
	1994	3,750,000 [†]	894,756 [‡]
	1995 [*]	4,000,000 [†]	1,058,092 [‡]
	1996	634,855 ^{**}	792,597
	1997	698,341	699,954
	1998	768,175	754,386
	1999	844,992	
	2000 (T)	1,013,990	

[†] Nationwide planned target

[‡] USAID activities only

^{*} Assistance with contraceptive supplies withdrawn by USAID. Contraceptives in the pipeline used for PSI social marketing

^{**} New target set in 1996 based on USAID's limited support to Nigeria

Performance Data Table 1.3

Performance Data Table 15

STRATEGIC OBJECTIVE 1: Increased voluntary use of family planning APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria																																	
RESULT NAME: IR1.1 Increased demand for modern contraception																																	
INDICATOR: Proportion of women knowledgeable of at least one modern method of family planning																																	
UNIT OF MEASURE: percent of women age 15-49 SOURCE: NDHS (1990), NISH (1993-94), MICS (1995) INDICATOR DESCRIPTION: nationwide COMMENTS: Only years with valid survey data are listed. Progress will be reported for 1999 through MICS II. MICS (1995) also found that 68% of men knew of at least one modern method of family planning. Nigerbus surveys in 1998 found somewhat lower levels of knowledge among women of at least one method (Feb 98: 40%; Dec 98: 57%) than the earlier, national-level findings presented at right. Nigerbus surveys conducted in 1994-97 found the following levels of awareness of specific methods among adults: <table> <tr> <th>Date</th> <th>condom</th> <th>pill</th> <th>inject.</th> <th>iud/coil</th> </tr> <tr> <td>Oct 93</td> <td>34.0%</td> <td>40.0%</td> <td>28.0%</td> <td>13.0%</td> </tr> <tr> <td>Dec 94</td> <td>43.0%</td> <td>33.0%</td> <td>23.0%</td> <td>10.5%</td> </tr> <tr> <td>Dec 95</td> <td>62.0%</td> <td>44.0%</td> <td>26.0%</td> <td>11.3%</td> </tr> <tr> <td>Dec 96</td> <td>74.3%</td> <td>48.6%</td> <td>37.0%</td> <td>11.4%</td> </tr> <tr> <td>Jun 97</td> <td>72.3%</td> <td>48.7%</td> <td>36.4%</td> <td>9.1%</td> </tr> </table> USAID's Spot Survey in 1998 found awareness of condoms to have risen to 89%, pills to 70%, and IUDs to 55%. Reporting on trends in awareness of family planning in USAID focus areas will resume with implementation of DHS.	Date	condom	pill	inject.	iud/coil	Oct 93	34.0%	40.0%	28.0%	13.0%	Dec 94	43.0%	33.0%	23.0%	10.5%	Dec 95	62.0%	44.0%	26.0%	11.3%	Dec 96	74.3%	48.6%	37.0%	11.4%	Jun 97	72.3%	48.7%	36.4%	9.1%	YEAR	PLANNED	ACTUAL
	Date	condom	pill	inject.	iud/coil																												
	Oct 93	34.0%	40.0%	28.0%	13.0%																												
	Dec 94	43.0%	33.0%	23.0%	10.5%																												
	Dec 95	62.0%	44.0%	26.0%	11.3%																												
	Dec 96	74.3%	48.6%	37.0%	11.4%																												
	Jun 97	72.3%	48.7%	36.4%	9.1%																												
	1990 (B)		44.0%																														
	1993	50.0%	57.0%																														
	1994	60.0%	61.0%																														
	1995	70.0%	67.0%*																														
	1995(B)		83.9%**																														
	1996	85.0%	74.3%†																														
1997	87.0%	72.3%†																															
1998	88.0%	57.0%																															
1999	90.0%																																
2000 (T)	95.0%																																

* Assistance with nationwide demand creation withdrawn by USAID

** New baseline established for USAID focus states

† Unit of measure is "adults". Data not dis-aggregated for women of reproductive age

Strategic Objective 2: Improved Maternal and Child Health Practices

Strategic Objective two (SO2) is designed to promote behavior that improves the health of Nigerian children and mothers. Key intermediate results (IRs) focus on increased use of quality immunization services and improved management of childhood illnesses. USAID/Nigeria supports integrated health programs of NGOs in 14 focus states, primarily through activities under the BASICS Project and CDC. The Mission also promotes nationwide efforts to mobilize communities and individuals in support of health-seeking behavior, particularly through the efforts of JHU/PCS in conjunction with National Immunization Days (NIDs).

Although the Mission does not directly support public sector programs, USAID/Nigeria and the implementing partners (IPs) play a significant role in shaping national health policies through the Inter-Agency Coordinating Committee (ICC) under the leadership of Federal Minister of Health. In the areas of social mobilization and national health policy, the Mission collaborates closely with other international agencies, particularly DFID, UNICEF, and WHO, as well as private organizations such as Rotary International, Polio-Plus, and Global 2000.

Program Performance

During FY1998, performance on SO2 was on track in meeting expectations for success. The Mission and IPs were particularly successful in supporting the continued success of National Immunization Days (NIDs) and improving routine immunization services in focus areas served by NGOs. While some local improvements are evident in the home-based management of childhood illnesses, national-level progress in implementing Integrated Management of Childhood Illnesses (IMCI) has been slow since the official endorsement of the approach by the federal government at the end of FY1997. The mission's emphasis in the areas of child nutrition and maternal health have been greatly reduced since extensive downsizing after 1994 and the Mission has ceased to report on related IRs. One of the biggest obstacles to improving vaccination coverage in 1998 was the inability to deliver vaccines to health facilities due to recurrent fuel shortages.

Intermediate Result 2.1: Improved immunization practices and coverage

Nigeria has been specifically identified by the WHO as one of the “big four” African countries requiring worldwide coordinated efforts to eradicate polio.

USAID/Nigeria and the IPs contributed strongly to the expanded success in 1998 of Nigeria's NIDs, which are primarily intended to help eradicate polio. The IPs also demonstrated progress in expanding coverage in target areas with the major childhood vaccines through Community Immunization Days (CIDs) and strengthened routine NGO services in target areas. Although a sizable gap continues in coverage, the Mission continues to believe that it may still be possible to achieve the ambitious Global Health Summit goal of 90% coverage by the year 2000, particularly if public sector programs are further reinvigorated in the near future.

The 1998 NIDs campaign demonstrated a well-coordinated and cohesive donor and FMOH collaboration with USAID playing a major role. USAID made available \$600,000 of support to

NGOs while states and local governments provided vaccines. In addition, CDC provided \$1,400,000 to UNICEF for assistance with vaccine procurement. Meanwhile, WHO assisted with funds for state and local government micro-planning; a joint micro-planning meeting between NGOs and the public sector was held at the regional (USAID cluster) level, providing an opportunity to allocate immunization sites to NGOs and assess needs towards the NIDS. USAID's IPs supported the training of 700 immunization supervisors to oversee approximately 1,500 NGO immunization sites. JHU/PCS assisted with social mobilization by producing 155,000 posters and radio jingles in all 37 states and organizing special football competition matches in the three USAID clusters to promote the NIDS. USAID-supported NGOs were able to directly immunize almost 1,500,000 out of an estimated population of 21,000,000 Nigerian children under five years of age with polio vaccine.

The GON estimates that coverage among under-fives having already received two doses of polio reached 93% after the 1997 NIDs campaign and 100% after the 1998 NIDs campaign. These figures are based on the number of doses of oral polio virus (OPV) distributed in each of two annual NIDs and may be somewhat overstated, but the positive trend is borne out by figures collected from LGAs where USAID IPs are active: among states where aggregated LGA data were available, just 17% (1 of 6) had reached a level of 90% coverage with OPV in 1996, a figure which increased to 63% in 1997 (5 of 8) and 80% in 1998 (8 of 10). As in 1997, after the first round of NIDs, official coverage rates reported for the 14 states in the USAID clusters were slightly higher (105%) than in non-USAID cluster states (96%). Preliminary data for the second round show both groups to be well above 100%, with the non-USAID states having the slight edge (110%) over USAID cluster states (105%). The positive cumulative effect of the NIDs is that vast groups of Nigerian children are now fully protected against poliovirus.

Increased capacity relating to the NIDs and much improved government commitment to support immunization services in general have led to better routine vaccination coverage as well. The most recent available national-level figures estimate coverage among children at age one to be 34%. New survey-based data should be available at the national level shortly following the completion of UNICEF's Multi-Indicator Cluster Survey (MICS), which is currently underway. Thanks to the concerted efforts by the GON, donors, and private organizations, sufficient quantities of vaccines and vaccination equipment continued to be available nationwide in 1998 after having been lacking since the mid-1980s through 1996.

Estimated routine coverage levels based on doses distributed by all Local Government Areas (LGAs) where USAID supports NGO activities demonstrate an impressive trend between 1996 and 1997. Routine coverage among children aged 0-11 months was found to have risen from 36% to 55% for three doses of polio vaccine (OPV3), from 34% to 48% for three doses of diphtheria-Pertussis-tetanus vaccine (DPT3), and from 41% to 71% for measles vaccine. Unfortunately LGA data for 1998 are still incomplete (see PDT2.1). USAID has played a major role in improving availability and efficacy of vaccines administered at the local level through the provision of cold chain equipment and technical assistance in the storage, distribution, and administration of vaccines. In 1998, the Mission donated vaccine carriers to enable NGOs to cover more hard-to-reach areas. The technical capacity of NGOs assisted by USAID's IPs has developed to the point where on an emergency basis, LGAs have relied on the NGOs for assistance with vaccine storage and social mobilization.

The BASICS project has helped improve social mobilization and quality of vaccination services provided by NGOs in Lagos through its Community Partnerships for Health (CPH) program, which has now also been fully expanded to the northern city of Kano. Surveys of specific catchment areas in Lagos show steady improvements in immunization coverage since 1995 (see table below). The population in the communities served by CPHs in Lagos is estimated to include 120,000 children under five years of age.

Table 2: Vaccination coverage among children 12-23 months of age, target communities in Lagos, 1995-98 (card only)

Vaccine	1995 IBHS	1996 CBE	1998 CBE
BCG	31.5%	45.4%	53.6%
DPT3	24.7%	42.2%	47.4%
Polio3	27.7%	43.8%	N/A
Measles	21.1%	36.7%	42.0%

Intermediate Result 2.2: Improved case management of the sick child

USAID/Nigeria has also been able to show improvements in case management of the sick child at both the national and local levels. A major success at the end of FY1997 was the initial formal adoption of the IMCI approach to case management by the Nigerian National Council on Health. Subsequent steps necessary to adopt IMCI nationwide, such as the formulation of agreed-upon provider protocols specific to the Nigerian setting, are almost completed and will pave the way for final implementation. CDC/Nigeria has played a major role in the working groups responsible for developing the IMCI strategy for Nigeria. Plans to conduct extensive IMCI training during FY1998 have lagged somewhat due to delays in the finalization of the IMCI strategy, but activities have now commenced with the initial training of 13 facilitators.

At the local level, data collected in 1998 in the communities served by CPHs assisted by BASICS in Lagos indicate that households have significantly improved management of diarrhea and fever over the IBHS baselines found for Lagos in 1995 (see PDTs 2.2 and 2.3). These improved behaviors reflect the impact of BASICS support to strengthen the capacity of private health facilities belonging to the CPHs. For example, BASICS has focussed on improving use of oral rehydration therapy (ORT) by setting up "ORT corners" in 13 clinics in the communities, a step which CDC has also adopted this approach with clinics operated by its nine partner NGOs.

CDC also emphasizes improved case management through outreach by Village Health Workers (VHWs). During 1998, CDC trained VHWs conducted nearly 10,000 home visits in which they treated over 5,500 cases of diarrhea, 10,000 respiratory infections, nearly 13,000 cases of fever, 760 cases of measles, 42 cases of tetanus, and 1,500 cases of malnutrition. VHWs referred nearly 5,000 severely ill children to health clinics, in addition to providing information on home-based care, conducting various water and sanitation activities, and mobilizing families to participate in the NIDs.

Expected Performance through FY 2001 and Management Actions

The likelihood of achieving targets under this SO in USAID focus areas remains very good as the environment for improved provision of NGO health services is encouraging. The partnership between the private and public sectors in Nigeria has blossomed, leaving earlier hostile attitudes behind, and the Mission has strengthened its active participation in the ICC. The GON has finally accepted the need to work closely with NGOs in the health sector and to provide them with the necessary support to enable them to participate in the common goal of improving public health. More than ever before, the GON is working with donor agencies in the review and formulation of health policies, as evidenced in the adoption of IMCI, the collaborative process of conducting NPIs, and the Epidemic Preparedness and Response (EPR) Initiative.

USAID/Nigeria support for the BASICS program has been extended to June 1999 and during that time the program will vigorously pursue institutional strengthening of the Lagos and Kano CPHs. BASICS' CPH model is also being replicated in the southeast at Aba. The urban private sector inventory component of the Aba subproject is almost completed. CDC's program focussing on community outreach services through VHWs is continuing, while IMCI activities are beginning to gather momentum.

Performance monitoring on major child survival indicators at the national level, including rates of immunization coverage and treatment of childhood illnesses, will benefit from the implementation by UNICEF of its second Multi-Indicator Cluster Survey (MICS) in 1999. Other donors (particularly UNFPA) are interested in supporting a long-overdue second national Demographic and Health Survey (DHS) for Nigeria. USAID/Nigeria's efforts to improve performance monitoring on SO2 through national surveys and/or surveys focussing on cluster states and local NGO catchment areas will be contingent on current review of the Mission's strategic plan.

Performance Data Tables: SO2 Improved Maternal and Child Health Practices

Performance Data Table 2.1

STRATEGIC OBJECTIVE 2: Improved Maternal and Child Health Practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR2.1: Improved immunization practices and coverage			
INDICATOR: Measles vaccination coverage among children under age one (USAID focus areas)			
UNIT OF MEASURE: percent SOURCE: Integrated Baseline Household Survey (1995), Administrative estimates (doses distributed divided by estimated population under one) based on Local Government Area (LGA) data (1996-98) INDICATOR DESCRIPTION: % of children in USAID focus areas age 12-23 months vaccinated for measles, based on vaccination card only COMMENTS: At the end of 1998, in an effort to more closely reflect the local impact of integrated NGO programs supported by USAID, the IPs gathered current and retrospective data from LGAs for 1996-98. ***Incomplete data for 1998 produce a minimum figure of 43%, which the mission will revise when complete data are available. Actual coverage levels may be higher than findings based on routine data from LGAs since measles vaccine doses administered during NIDs are excluded. Survey data (<u>card only</u>) in targeted communities in Lagos indicate the following trend in measles coverage: 1995: 21.1%(IBHS, all surveyed parts of Lagos) 1996: 36.7%(CBE surveys in CPH catchment areas) 1998: 42.0%(CBE surveys in CPH catchment areas)	YEAR	PLANNED	ACTUAL
	1995 (B)		34%
	1996	43%	41%
	1997	50%	71%
	1998	60%	***
	1999	75%	
	2000 (T)	90%	

Performance Data Table 2.2

STRATEGIC OBJECTIVE 2: Improved Maternal and Child Health Practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria																			
RESULT NAME: IR2.2: Improved case management of the sick child																			
INDICATOR: oral rehydration therapy (USAID focus areas)																			
UNIT OF MEASURE: percent SOURCE: Integrated Baseline Household Survey (1995), Capacity-Building Exercise surveys (1996 and 1998). INDICATOR DESCRIPTION: percent of children with diarrhea receiving oral rehydration salts (ORS) or sugar-salt solution (SSS). COMMENTS: Data for Lagos only. Data for all focus areas will be used following second full IBHS or DHS. The surveys found the following for individual components of ORT:	YEAR	PLANNED	ACTUAL																
	1995 (B)		53.2%																
	1996	58%	62.5%																
	1997	64%	N/A																
	1998	69%	N/A																
	1999	75%																	
	2000 (T)	80%																	
<table> <tr> <td></td><td><u>1995</u></td><td><u>1996</u></td><td><u>1998</u></td></tr> <tr> <td>Oral rehydration salts</td><td>10.3%</td><td>19.5%</td><td>34.9%</td></tr> <tr> <td>Sugar-salt solution</td><td>42.9%</td><td>49.2%</td><td>42.5%</td></tr> <tr> <td>Increased fluids</td><td>26.2%</td><td>91.2%</td><td>n.a.</td></tr> </table>					<u>1995</u>	<u>1996</u>	<u>1998</u>	Oral rehydration salts	10.3%	19.5%	34.9%	Sugar-salt solution	42.9%	49.2%	42.5%	Increased fluids	26.2%	91.2%	n.a.
	<u>1995</u>	<u>1996</u>	<u>1998</u>																
Oral rehydration salts	10.3%	19.5%	34.9%																
Sugar-salt solution	42.9%	49.2%	42.5%																
Increased fluids	26.2%	91.2%	n.a.																

Performance Data Table 2.3

STRATEGIC OBJECTIVE 2: Improved Maternal and Child Health Practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR2.2: Improved case management of the sick child			
INDICATOR: Correct treatment of malaria (USAID focus areas)			
UNIT OF MEASURE: percent SOURCE: Integrated Baseline Household Survey (1995) for all parts of Lagos, Capacity-Building Exercise Surveys (1996, 1998) for CPH catchment areas INDICATOR DESCRIPTION: percent of children with fever receiving anti-malarial drugs COMMENTS: Data for Lagos only. Data for all focus areas may be used following second full IBHS or DHS.	YEAR	PLANNED	ACTUAL
	1995 (B)		30.8%
	1996		44.2%
	1997	35%	N/A
	1998	50%	57.3%
	1999	65%	
	2000 (T)	80%	

Special Objective 1: Improved HIV/AIDS Prevention and Impact Mitigation Practices

USAID/Nigeria's special objective for HIV/AIDS aims to facilitate effective responses to the potentially explosive AIDS epidemic underway in Nigeria. The mission promotes improved preventive behavior to mitigate the spread of the disease, particularly among higher-risk groups, and more effective methods to care for persons living with HIV/AIDS (PLWHA) and to integrate their care and support into preventive efforts. The mission's program relies on key intermediate results in the areas of increased awareness of HIV/AIDS and methods to prevent HIV infection, increased availability of condoms, and improved community home-based care of PLWHA.

USAID/Nigeria continues to be the major donor supporting appropriate responses to the HIV/AIDS epidemic in Nigeria. Programs in behavior change intervention (BCI) and community- and home-based care for PLWHAs are implemented primarily by Family Health International (FHI), which received a bridging grant to continue activities under the AIDSCAP project through April 30, 1998, at which time the FHI/Impact project will become operational. During FY1998, BCI programs under FHI targeted higher-risk groups such as transport workers, commercial sex workers (CSWs), students, youths, and men in workplaces, as well as other groups vulnerable to HIV transmission, such as difficult-to-reach Islamic women living under *purdah* (customary isolated marriage setting) and women within religious organizations. The mission's HIV/STD prevention and control efforts are also supported by integrated NGO health programs promoted by the BASICS Project, CDC/Nigeria, CEDPA, and JHU/PCS.

Program Performance

In FY1998, the Mission's HIV/AIDS program was on track to meet expectations under the Special Objective. The FHI/Impact project effectively continued the momentum established under the AIDSCAP Project through the extension of preventive interventions based on proven BCI strategies and the establishment of a new program focussing on community-based care for PLWHAs. The renewal of USAID support to PSI/SFH and corresponding boost in condom sales signal that the supply of commodities to prevent HIV transmission may be back on track.

Overall performance on this special objective is measured through population-based indicators of safer sexual behavior. Long-term increases in reported condom use among the general population at the national level can be strongly associated with the social marketing efforts of PSI/SFH: Nigerbus surveys found condom use levels at 5% among adults in 1993, 14% in 1995, 26% in 1996, and 17% in 1997; This trend roughly parallels the rise and fall of condom sales discussed under IR2. The Nigerbus survey in July 1998 found that 19% of adults reported condom use specifically for protection against HIV/AIDS.

In USAID focus states, FHI demonstrated continued success in promoting behavior change among targeted populations through the findings of follow-up surveys in 1998: Among mothers reached through an intervention in Ibadan and women reached through a church-based intervention in Aba, 95% reported limited sexual relations to one partner after participating in FHI's BCI program, a substantial improvement over the 74% baseline. More impressively, among sexually-active transport workers in Aba, 85% reported limiting sexual relations to a regular partner in the follow-up, as compared to just 18% at the baseline in 1997. And among those reporting at least one "non-regular" partner, 21% used a condom during most recent sexual

encounter with a non-regular partner at the follow-up, as compared to 15% at baseline. One transport worker summed up the lesson learned: "anybody who wants that thing should not forget to use condom... If you must, use condom. As for me, I know my wife alone."

Effective treatment of STIs, particularly undetected STIs among men, is another behavior promoted by FHI for the reduction of transmission of HIV, which is more easily passed among partners who already suffer other STIs. FHI's follow-up surveys in 1998 demonstrated substantial progress over baselines for reported treatment of various specific symptoms, including improvements from 15% to 30% for painful urination, 10% to 30% for genital ulcer diseases, 12.5% to 33% for urethral discharge. The follow-up surveys show that the transport workers are now more willing to obtain advice and treatment from clinics, hospitals, and health care providers.

Intermediate Result 1: Increased awareness of HIV/AIDS/STDs and prevent HIV/STD transmission

The Nigerian Minister of Health declared during the launching of the 1998 World AIDS Campaign in Abuja that 70% of Nigerians are now aware of HIV/AIDS and 50% are certain about modes of transmission and prevention. While there is clearly much room for improvement in HIV/AIDS awareness, the steady increases in knowledge of HIV among the general population since 1993 suggest that the Mission's target of 80% for the year 2000 may well be attainable (see PDT 3.1).

It is difficult to quantify the degree of growth in national HIV/AIDS awareness directly attributable to the efforts of USAID's various IPs, but there is little doubt that the national-level campaigns by PSI/SFH have contributed greatly over the years. Upon assurances that USAID support would resume in the near-term, PSI/SFH commenced an intensive advertising campaign for the USAID-supplied "Gold Circle" condoms in late 1997, once again taking to the radio airwaves to promote awareness of HIV/AIDS. During FY1998 PSI/SFH also supported road shows, youth rallies, and other IEC activities targeting high-risk population groups and enlisted the support of the Nigerian soccer star Sunday Oliseh as a spokesman for the campaign against HIV/AIDS during the 1998 World Cup. FHI's follow-up surveys in 1998 demonstrate the effectiveness of USAID's support to increase awareness of HIV/AIDS infection and means of prevention among populations targeted through BCI interventions. (see comments in PDT3.1).

Intermediate Result 2: Increased availability of condoms

As indicated in PDT 3.2, condom sales by PSI/SFH picked up considerably in 1998, reaching over 50 million for the first time since the record year of 1995, despite chronic fuel shortages which contributed to delays in resupplying wholesalers. As discussed under SO1, USAID/W lifted its moratorium on supply of contraceptive commodities to Nigeria and in early 1998 permitted the supply of nearly 18,000,000 condoms to PSI/SFH. This support has been critical to maintaining the viability of the condom social marketing program. Without renewed support from USAID and with stocks of "Gold Circle" condoms diminishing, PSI/SFH experienced a stock-out in the first quarter of FY 1999. As of the R4 submission, PSI is still stocked out although they expect to clear the commodities procured from South Korea and elsewhere by the end of April. Since 1996, in the absence of USAID support, PSI/SFH has been receiving

insufficient relief from the British development agency DFID for commodities. Part of the DFID support has been the supply of the “cool” brand of condoms, which are less popular than USAID’s “Gold Circle”. (see PDT 3.2).

Intermediate Result 3: Mitigation of impact of AIDS through community-based care of Persons Living with HIV/AIDS (PLWHA) and Persons affected by AIDS (PABA)

The Mission has set a precedent in Nigeria by funding the establishment of three community home-based care (HBC) and support projects for PLWHA, one in each of the geographic clusters. While other donors have dealt with care and support for PLWHA as part of other programs, only USAID has funded such a comprehensive and holistic program at its present magnitude. Some major outstanding results of the HBC projects during 1998 include the formation of three network groups of PLWHA meeting on a monthly basis, participation in the facilitation and formation of a national network of PLWHA, and the first-ever visits of PLWHA to the Minister of Health and to the First Lady of the Federal Republic of Nigeria, facilitated by FHI in conjunction with the National AIDS/STD Control Program. As a direct result of the care and support program, PLWHA are now more willing to publicly declare their status and many have given television and radio interviews.

In order to create a conducive environment for PLWHA through the reduction of stigma at the community level, the HBC projects facilitated the formation of 12 community advocacy support committees (CASC) in each of the three clusters and training of 57 outreach workers and 65 volunteers to provide counseling services and conduct home visits. In total 1,347 PLWHA were reached through the projects, including 13 PLWHA trained in income generation and vocational skills. In addition, 180 community and religious leaders have been sensitized, 97 health care providers were trained and 280 providers re-trained in the area of care and management of PLWHA.

The PDT 3.3 focuses on the capacity of community-based organizations to provide home-based care to AIDS patients as they are released from hospitals affiliated with the HBC project. The first year, 1998, was to serve as a baseline, but as the table shows, all 207 of the HIV/AIDS discharged patients being managed in the affiliated health facilities were released into the care of HBC services. With this accomplishment, the putative target of 50% HBC coverage has been far exceeded; the Mission will need to reconsider the methodology of measuring performance on IR3.

Expected Progress through FY 2000 and Management

The WHO has recently estimated the number of persons with HIV/AIDS in Nigeria at roughly 2.3 million, the third-highest total in Africa and fourth-highest in the world. Continued USAID support is required to ensure that progress in developing effective interventions continue in this key reservoir of HIV transmission in West Africa, and that USAID remain the lead development donor combating HIV/AIDS in Nigeria.

Activities under PSI/SFH and the FHI/Impact project are expected to enable USAID to meet targets in the areas of HIV awareness and condom sales. Activities to establish HBC networks to mitigate the impact of HIV/AIDS are expected to continue to produce results as well; the

methodology for measuring performance in improving HBC coverage will need to be reconsidered by the Mission.

Continued USAID support for condom procurement is particularly critical. PSI/SFH is once again vulnerable to stock-outs since a shipment of 14 million condoms bound for Nigeria from South Korea failed to pass pre-shipment inspection in September 1998 and was rejected by PSI.

If USAID/N receives adequate funding to support Special Objective 1, the Mission will:

- expand the program to reach more of the target groups in the focal area;
- expand into new states;
- design and implement community projects in pediatric AIDS prevention and orphan care;
- initiate pediatric AIDS programs with the additional \$700,000 received in FY 1999 per recommendations by AFR. SD AID/W for this purpose;
- fund operations research activities to improve on the quality of our community projects; and
- support condom social marketing to the level of at least 80,000,000/annum.

Performance Data Tables: Special Objective 1, Improved HIV/AIDS/STD Prevention and Impact Mitigation Practices

Performance Data Table 3.1

Performance Data Table 5.1			
SPECIAL OBJECTIVE 1: Improved HIV/AIDS/STD prevention and mitigation practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR1: Increased awareness of HIV/AIDS/STDs and how to prevent HIV/STD transmission			
INDICATOR: Proportion of men and women knowledgeable of HIV transmission			
UNIT OF MEASURE: percent SOURCE: Federal Office of Statistics (1993), NISH (1994-95), Federal Ministry of Health (1998) INDICATOR DESCRIPTION: Proportion of adults who have heard of HIV/AIDS COMMENTS: Increases in knowledge of HIV/AIDS at the national level may be partly attributed to PSI and FHI activities supported by USAID/Nigeria. Direct mission impact on knowledge of HIV/AIDS is more measurable among targeted groups. FHI's follow-up surveys in 1998 found the following levels of knowledge of HIV among targeted groups: population heard know ways to <u>group</u> <u>of AIDS</u> <u>prevent AIDS</u> - transport workers in Aba 97% 90% - mothers in Ibadan 99.5% 97% - church women in Aba 99.5% 98% Further data available on knowledge of specific preventive methods.	YEAR	PLANNED	ACTUAL
	1993 (B)		47%
	1994	52%	54%
	1995	56%	55%
	1998	71%	75%
	2000 (T)	80%	

Performance Data Table 3.2

SPECIAL OBJECTIVE 1: Improved HIV/AIDS/STD prevention and mitigation practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR2: Increased availability of condoms			
INDICATOR: Condoms sold			
UNIT OF MEASURE: Condoms SOURCE: Population Services Intl. / Society for Family Health INDICATOR DESCRIPTION: based on condom sales by PSI/SFH. All data are for Fiscal Year except 1991-95. All sales are from condom stock supplied by USAID except the following supplied by British ODA / DFID ("Cool" brand): 1996: 2,343,714 1997: 5,049,164 1998: 5,362,376 COMMENTS: USAID funding for condom supply was discontinued in 1996 but has resumed in 1998. Targets were revised in 1997 in light of the disruption of USAID condom supply. No distinction is attempted here between sales of condoms used for family planning vs. STD control. CEDPA reports the following trend on condom distribution through integrated NGO health programs: 1995: 264,148 1996: 222,301 1997: 208,929 1998: 256,875 Pathfinder distributed 8,841 condoms and FHI distributed 52,285 through USAID-supported NGOs during FY1998.	YEAR	PLANNED	ACTUAL
	1991(B)		17,000,000
	1993		24,000,000
	1994		45,200,000
	1995		55,600,000
	1996		45,807,362
	1997	43,000,000	32,111,516
	1998	51,000,000	50,696,042
	1999	60,000,000	
	2000	70,000,000	
	2001 (T)	80,000,000	

Performance Data Table 3.3

SPECIAL OBJECTIVE 1: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR3: Mitigation of impact of AIDS through community home-based care of PLWHAs and PABAs			
INDICATOR: proportion of AIDS patients managed at home without stigmatization and discrimination			
UNIT OF MEASURE: percent SOURCE: FHI/IMPACT project INDICATOR DESCRIPTION: AIDS patients receiving proper management through home-based care (HBC) as a percent of total released from health facilities. COMMENTS: Totals for 1998 for project –affiliated health facilities were: Number of patients managed: 221 Total discharged by health facilities: 207 Total discharged to HBC 207 A total of 1,347 patients were managed at home by the NGOs in 1998. About 75% of patients came through referrals from religious groups or self-referrals. Community sensitization appears to have been successful, encouraging the high number of community and self-referrals. The fact that 100% of the patients discharged from the health facilities were discharged to CBOs for home management may be indicative of the fact that health facilities are eager to relieve themselves of the responsibilities of managing AIDS cases. *Original target. Methodology for measuring performance and setting target to be reevaluated by USAID/Nigeria.	YEAR	PLANNED	ACTUAL
	1998 (B)		100%
	2000 (T)	(50%)*	

Special Objective 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance

USAID/N's Democracy/Governance (DG) program is designed to strengthen civil society's contribution to sustainable democracy and good governance. Though field activities only began in FY1997, it is now the most extensive donor program in the sector in Nigeria. This review will focus only on the component of the USAID-funded DG program that is managed by USAID/N. For information on activities and results of elements of the DG program managed by the United States Information Service and the US Embassy in Lagos, see Annex 6.

The DG program has focused mainly on women and youths. During FY1998, small grants were awarded through two IPs, the Center for Population and Development Activities (CEDPA) and the Johns Hopkins University Population and Communications Services (JHU/PCS) to 34 NGOs in 16 states to implement activities on women's rights and empowerment, fundamental human rights, and democratic participation. NGOs undertaking integrated family planning and health programs, particularly those supported by CEDPA and BASICS, have also participated in the DG program based on the clear and mutually-reinforcing linkages between women's empowerment, family planning, and maternal and child health.

Program Performance

In spite of a repressive and hostile atmosphere during most of FY1998, the DG program exceeded program expectations, registering impressive results that demonstrate steady progress toward the realization of the DG program objective. Our NGO partners reached greater numbers of women through IEC efforts, formed more coalitions around specific DG issues, and demonstrated greater willingness to take part in program activities. Surveys conducted after the first year of the program confirm that participation has improved women's knowledge of legal rights, democratic practices, and local politics. Moreover, with the support of our NGO partners women have achieved empowerment by running for and attaining political office, gaining appointments to village councils by traditional leaders, winning landmark rulings reversing discriminatory and repressive practices, and institutionalizing women's issues in the media, in schools, and in the community.

USAID's DG activities are reaching an ever-increasing number of Nigerian women in our target zones. USAID-supported NGOs implemented a total of 868 activities in FY1998, including 47 rallies, 89 training sessions, 35 workshops, 27 group discussions, 14 lectures, 154 advocacy visits to traditional and modern leaders, 76 other sensitization activities, and a number of drama performances and other cultural activities. The number of participating women and youth reached through these activities is estimated at over 3.2 million, well above the level of targets set for both 1998 and 1999 (see PDT4.1). An evaluation by JHU/PCS found that membership of affiliated NGOs rose by 32 percent during Phase I of the DG program (the first year up to February 1998) and that the number of active members rose by 48 percent. The boom in overall program participation is attributable in part to wider media coverage generated by NGOs through mass media and other IEC activities during FY1998, as discussed under IR2.

Participation in USAID's DG program has led to increased awareness on DG issues as well as

increased desire to take part in the political arena. The evaluation by JHU/PCS found that women belonging to NGOs assisted by USAID had significantly increased their knowledge on DG topics by the end of Phase I, demonstrating improved understanding of their own fundamental human rights and constitutional rights and heightened awareness of the local political environment. JHU/PCS and CEDPA both demonstrated progress in fostering attitudes more conducive to women's empowerment in the domestic, legal, and political arenas, and women participating in their programs were found to have become more inclined to discuss political views, to vote for a woman running for political office, and to plan to run for office themselves.

Intermediate Result 1: Increased numbers of women with decision-/policy-making skills

Training in public life skills through leadership advocacy workshops, seminars, and mock parliaments comprises a key element of the program's drive for women's empowerment. In all, 20 NGOs supported by USAID/Nigeria conducted 183 leadership training sessions during FY1998, including 67 aimed at women and 116 aimed at youth in general, and trained a total of 3,090 women, well above the Mission's targets for 1998 and 1999 (see PDT4.2). This has enhanced women's capacity to be effective in public life.

One of the most notable program results during FY1998 was increased willingness of women to canvass for public office through elections. Perhaps the only silver lining in the flawed transition to civil rule under General Sani Abacha was the considerable number of women elected to public office. In legislative elections alone, a record 20 women were chosen over male candidates at the polls, including a woman elected to the senate in Kano, a conservative Muslim state where the DG program is very active. USAID cannot claim all the credit for these successes, but the agency was the leading donor engaged in women's empowerment during 1998 and recorded many examples of female candidates directly attributing their candidacy, and in some cases their success, to the influence of NGOs participating in the DG program (see comments in PDT4.2).

Intermediate Result 2: Increased levels of knowledgeable participation by civil society in democratic processes and governance.

IR2 encompasses program results in NGO coalition-building as well as the generation of media support for DG program activities. Coalition-building is key to the Mission's strategy to build the critical mass necessary to effect and sustain democratic change. A significant achievement of the program during FY1998 was a tripling of the number of NGOs engaged in networking and coalition activities to promote democracy (see PDT4.3). The evaluation by JHU/PCS notes that participating NGOs' networks expanded both in quantity and in quality during the first year of program activities and that collaborating NGOs are now more varied than before. Much of the program's success in this area is based on the strategy of establishing and linking "100 Women" groups to join in the pursuit of common goals relating to women's empowerment.

The level of media coverage of USAID/Nigeria-supported DG activities improved well beyond the level established in 1997. DG programs aired on television and radio stood at 233, while a total of 159 major reports were published by newspapers. The increase in media coverage was made possible both by the wider appeal of the DG program activities and by the increased level of effort of NGOs that took part in the program, which included a Media Advocacy Workshop to

help media professionals get press support for program activities. During FY1998, eight media-oriented NGOs participated in the program to meet the target set for the year (see PDT 4.4) by these NGOs served to strengthen the DG program's access to the media and thus maximized the level of outreach achievable through our DG activities.

Intermediate Result 3: More civil society organizations with greater capacity for democratic self-governance and protection of human rights.

This IR focuses on achievements in developing internal democratic structures within Nigerian NGOs and fostering NGO capacity to protect the legal rights of Nigerian citizens. The JHU/PCS evaluation found that members of participating NGOs became more active within their organizations and more demanding of accountability from their leaders during Phase I of the DG program. The evaluation also noted improvements in NGO transparency over the first year as well as an increased proportion undertaking elections rather than simply nominating members for leadership positions. In the area of human rights, as of FY1998, USAID/Nigeria's DG program has facilitated the establishment of 3 legal clinics serving the training of 6 paralegals to protect the legal rights of Nigerian citizens.

Expected Progress through FY 2000 and Management Actions

Nigeria has been trapped in political instability and military rule for three decades, resulting in a weakened and fractured civil society. Renewed efforts to establish democratically-elected government at the local, state, and federal levels have borne fruit in 1999 and present USAID's DG program with new opportunities to help Nigeria complete the transition to a sustainable democracy. In late 1998, USAID/Nigeria commenced a variety of activities designed to strengthen women's and civil society's contribution to the success of upcoming elections, the results of which will be discussed in next year's R4 submission.

Women's empowerment will remain a key element of the DG program and the Mission intends to intensify leadership skills training in the subsequent phases of the program. If the current military administration of Gen. Abdulsalami Abubakar succeeds in restoring credible democratic rule by May 1999, USAID/Nigeria will undertake a review of the DG program in late 1999 with a view to widening its thematic scope as well as expanding from the current 26-state focus to nationwide coverage by FY2000. The DG program will accommodate assistance to democratic institutions emerging at the local and national levels, train members of state and national assemblies, the judiciary, and political parties to enhance their capacity to operate the new democratic system. The Mission also anticipates engagement in civil-military relations training as well as conflict management activities.

Performance Data Tables: Special Objective 2, Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance

Performance Data Table 4.1

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR1: Increase numbers of women with decision-/policy-making skills			
INDICATOR: Increased number of women exposed to DG sensitization and political awareness activities			
UNIT OF MEASURE: number of women SOURCE: CEDPA, JHU INDICATOR DESCRIPTION: number reached directly through program-supported activities, not including radio, TV, and print media audiences. COMMENTS: During FY1998, 868 activities conducted by NGOs supported by USAID IPS reached 3,224,575 women and youth. This number includes 335,565 direct participants in JHU/CEDPA DG activities and 4,253 persons trained through the BASICS Project in Kano and Lagos, who passed the information on to an estimated 1.9 million members of their NGOs and community members. Not included is the number of persons reached by NGOs through media reports, estimated at about 32 million for 1998, a slight improvement over the estimate of 30 million for 1997. Targets did not anticipate participation by BASICS Project or inclusion of youth. *The Mission is proposing to revise 1999 target to 3,500,000 to reflect revised method of calculation to include impact of BASICS interventions, NCWS interventions and other post-transition activities.	YEAR	PLANNED	ACTUAL
	1996 (B)		0
	1997		445,324
	1998	530,776	3,224,575
	1999 (T)	660,078*	

The inclusion of 1.9 million indirect participants through BASICS seems a bit suspect, i.e. probably deviating from the methodology we used last year, which might have produced a figure of just 337,818 for FY1998. But even with the BASICS indirect numbers, where do we get over 3.2 million? $335,565 + 4,253 + 1.9 \text{ million} = 2,239,818$ - this leaves us short by 984,757

*(Comments' reference to need to include NCWS in target comes from note from Labaran: is this a clue?)
 Would simply subtracting the 1.9 million give us a more realistic number to report for FY1998?*

Performance Data Table 4.2

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR1: Increased numbers of women with decision-/policy-making skills			
INDICATOR: Increased number of women leaders / politicians who go through USAID/Nigeria DG public life skills training			
UNIT OF MEASURE: number of women leaders / politicians SOURCE: CEDPA, JHU/PCS, BASICS INDICATOR DESCRIPTION: number of women leaders / politicians participating in life skills training, leadership advocacy workshops and seminars, and mock parliaments held by USAID-assisted NGOs COMMENTS: To reflect higher-than-anticipated levels of participation, the Mission has set a new target for 1999 (previously 980) and added a higher target for 2000. IPs reported the following success stories of women members of NGOs assisted by USAID engaging in politics in FY1998: - Fida, Abia, a group working with JHU got five women lawyers appointed as high court judges - The Anambra Women Awareness Committee, an NGO working with JHU, succeeded in getting traditional rulers in the area to appoint five women into traditional councils which had for centuries remained exclusive to men - COWAN, a DG and health network working with CEDPA in the South West, sponsored 20 women to contest the Dec. 1998 council elections, 12 of whom defeated male candidates, and helped five women gain appointment as local council chairpersons. Another woman in the area won the governorship nomination of the Alliance for Democracy but was ousted by male party members, whereupon women led by COWAN and 100 Women's Group coalitions staged a mass march to the party headquarters in Lagos protesting the irregularity and other abuses of the electoral system - Lobbying by NGOs led by NAWOJ and WIN led to the appointment of two women as commissioners and two as council chairpersons in Katsina State - Lobbying by NAWOJ and other DG NGOs helped three women win appointment as council chairpersons and many more as councillors in Kano State	YEAR	PLANNED	ACTUAL
	1996 (B)		0
	1997		450
	1998	570	3,090
	1999	3,845	
	2000 (T)	4,600	

Performance Data Table 4.3

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR3: More civil society organizations with greater capacity for democratic self-governance and protection of human rights			
INDICATOR: Increased number of networking and coalition DG groups working on political issues			
UNIT OF MEASURE: number of groups SOURCE: CEDPA, JHU INDICATOR DESCRIPTION: COMMENTS: Total for FY1998 = 82(JHU) + 640(CEDPA) + 11(BASICS) = 733 coalitions	YEAR	PLANNED	ACTUAL
	1996 (B)		0
	1997		226
	1998	477	733
	1999 (T)	665	

Performance Data Table 4.4

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR2: Increased levels of knowledgeable participation by civil society in democratic processes and governance			
INDICATOR: Increased number of media NGOs involved in publicizing DG activities			
UNIT OF MEASURE: number of organizations SOURCE: CEDPA, JHU/PCS, BASICS INDICATOR DESCRIPTION: Number of USAID-assisted NGOs producing articles or other media spots covering DG activities COMMENTS: The NGOs are various state chapters of the Nigerian Association of Women Journalists (NAWOJ). During FY1998, these NGOs aired 233 programs on radio or television and 159 major reports covering DG topics in newspapers.	YEAR	PLANNED	ACTUAL
	1996 (B)		0
	1997		6
	1998	8	8
	1999 (T)	12	

USAID/N FY1999 RESOURCE REQUEST(R2B)

I. Context for the FY2001 Submission

USAID/N's FY2001 request is made with the expectation that the Federation of Nigeria will have a newly elected and installed democratic government and Head of State by May 29, 1999. A US Vital National Interest Determination certification submitted to Congress expires on April 1. If passed, the restrictions on entering into agreements with the GON will be lifted. Despite these welcome developments, USAID/N continues to be a "transition" country in the USAID system. The Country Strategic Plan (CSP) is outdated, severe under-staffing continues until the additional three USDH positions are filled and staff arrive at post. The OYB level continues to be politically determined and not based on analysis or need. The current increase in USDH staff levels from one to four, if filled immediately, will greatly ease the severe under-staffing.

The OYB determined by AID/W for the FY1999 program is **approved at \$13.2 million**. The FY2000 request is **\$20 million** and we request **\$38.0 million for FY2001**, to ensure program responsiveness to the Mission Program Plan (MPP). The basic assumption in the requested levels is that the USAID/N program budget and interventions will continue to increase gradually as the program moves from a transition to normal development programming.

During the three year framework covered by this request, USAID/N's proposed interventions in order of priorities are: 1) democracy and good governance (DG), 2) an integrated health program 3) human capacity building/basic education and 4) private sector development. In the health sector, HIV/AIDS/STD prevention and mitigation is of prime concern, followed by reproductive health and child survival. The program will continue to be essentially humanitarian in nature, implemented by NGOs and will focus on community level interventions with selective engagement of the public sector.

During the next 18-24 months , USAID/N will focus on an interim health strategy that will validate USAID objectives, consolidate and expand the current activities and results achieved to date, increase quality in private and public service systems and undertake a quantitative survey to establish a data base. Dialogue will be intensified with the newly elected government on issues of policy as it affects the program; and leveraging with other donors will be encouraged.

In DG, current activities will be expanded to all 36 states and the Federal Territory of Abuja. The civil society component of the program will be enlarged to include labor unions, professional associations and religious organizations to prepare and strengthen civil society to play a more constructive role in the new democracy. More emphasis will be placed on coalition building and networking by NGOs and CSOs in different parts of the country. This is essential to build the critical mass necessary to defend and sustain democratic order, enhance civil society's ownership and oversight of democratic institutions, and to hold elected representatives and institutions accountable to the people.

In the short-term, USAID/N's proposed interventions in the areas of democracy and good governance and economic reform and private sector development will be developed and

implemented in partnership with USAID/BHR's Office of Transition Initiatives (OTI) and the Global Bureaus Center for Democracy and Governance. OTI is USAID's specialized office to provide rapid response programs for transition situations such as Nigeria's. With Mission support, OTI has developed a concept paper for its interventions, has established operations in Nigeria, and in early March 1999 began its activities by coordinating an inter-Bureau effort of pre-inaugural training of newly elected officials. Similarly, OTI assisted the Mission's coordination of USAID electoral assistance, through the Global Bureau's CEPPS mechanism, setting the tone for the inter-Bureau coordination which the Mission proposes for FY1999-FY2001 period.

OTI proposes four sector areas for its transition assistance, as follows: 1. Training for good governance; 2. Delta pilot projects, including conflict resolution; 3. Coalitions for reform, especially economic reform and private sector development; and 4. Civil-military relations. All of OTI's activities will be developed and implemented in close coordination with the Mission and with Embassy/Lagos. OTI brings its own budgetary resources and logistical support to enhance the Mission's programs. Its budget for FY 99 is \$5-7,000,000; similar funding levels are anticipated for FY2000 and FY2001. OTI is establishing three field offices, in Port Harcourt, Abuja, and Kano, in addition to its office in the USAID building in Lagos. These regional platforms will provide support for all of USAID's programs.

Notwithstanding OTI's DG initiative, our highest priority and the largest portion of USAID/N's budget request is to support the DG special objective. It underscores the fact that political conditions in Nigeria will remain volatile for the foreseeable future as the new democratically elected government takes charge and reorient the country to civilian rule and good governance. USAID/N will support and encourage political stability and economic growth as democratic processes are institutionalized.

Integrated health will continue to be the next highest priority area of our request. The prevention of the HIV/AIDS will be the most important program component as the AIDS epidemic continues to take its toll on the Nigerian population. This is followed in order of priority by the family planning/reproductive health program and the child survival program.

USAID/N proposes a new initiative in human capacity building/basic education, as an essential ingredient in the development of Nigeria's potential. The human capacity building and basic education intervention responds to the nearly collapsed educational system in the country. Nigeria is one of the countries earmarked under President Clinton's education initiative and was raised during follow-on discussions between the AA/AFR and GON officials in June 1998.

In FY1999, efforts will focus on technical level analysis. USAID/N will allocate Program Development and Support funds to perform sector assessments that will be needed for new initiatives. The current lack of reliable health related data requires that USAID/N support a nationwide Demographic Health Survey. Sector assessments, baseline studies and analyses are also required to revise the CSP. In conjunction with the CSP exercise, USAID/N will review the field support and bilateral composition of its budget to determine the most appropriate balance in its portfolio.

The FY1999 budget takes into consideration the expansion of the inter-grated health program to 20 states, and a DG program that is focused on all 36 states.

The current U.S. Direct Hire (USDH) staff will be increased from one to four by end of FY 1999 and will include the USAID Director, Supervisory Program Officer, Supervisory General Development Officer and Democracy and Governance Officer. Two USPSCs, one program funded in the DG office and one to support the Program office will be recruited. In addition, selected technical experts will be contracted to support the program. A contract EXO and Controller will be contracted on a short-term basis to assist to help in the establishment of the expanded program. It is expected that USAID/N's professional Foreign Service National (FSN) staff will increase from the current five to at least ten. An appropriate increase in FSN support staff will be required. The FY2000 budget requests the addition of an USDH Controller.

The FY2000 request reflects a gradual program expansion and a budget of **\$20.0 million**. It assumes that USAID/N will continue to operate predominantly in the private sector and continue to focus on existing priority areas. The program will maintain its humanitarian focus but will start to address three of Nigeria's most serious development constraints: democracy/governance, integrated health and basic education for a longer-term development program. The budget of **\$20.0 million** would be apportioned as follows: **\$11.0 million** for integrated health (HIV \$3.4 million, pop \$4.0 million and CS \$3.6 million); **\$4.0 million for DG** and **\$5.0 million** for human capacity building development/basic education.

The private sector and the economy would be explored as part of developing the short and long term strategy and as a target of opportunity in synergy under the current OTI initiative. The size and configuration of this activity will depend on the evolving Transitional Strategy and longer term objectives. Review as well as recommendations, and assessment of the ongoing program will be vetted with the U.S. Embassy in relation to the Mission Program Plan (MPP) and U. S. policy guidelines governing operations in Nigeria.

The FY2001 request totals \$38.0 broken down as follows:

D/G:	\$8.0 million
Population and family planning:	\$8.0 million
Child Survival	\$6.0 million
HIV/AIDS	\$10.0 million
Basic education/human capacity building:	\$6.0 million

The FY2001 budget request includes a USDH EXO.

II. Program Funding Request by Strategic Objective

The following assumptions have been made for each of the strategic and special objectives in completing the funding request tables:

- The life of project (LOP) funding for SO1, Increased Voluntary Use Of Family Planning, under the Global/PHN activity is \$65.0 million and limited to the authorized funding level for

the Nigeria Family Health Services Project (920-0009). **The FY1999 approved level for reproductive health is \$2.5 million and \$7.0 million is requested for FY2000, which includes \$3.0 million for human capacity development. The FY2001 request is for \$8.0 million.** The FY2001 request assumes the development of a new bilateral results package in FY2000.

The LOP funding for SO2, Improved Child and Maternal Health Practices, is limited to the authorized level of \$40.0 million under the NCCCD Project (920-0004) with a PACD of September 30, 2000. **The FY1999 approved level is \$4.0 million and \$5.6 million is requested for FY2000, which includes \$2.0 million for basic education/human capacity building. The FY2001 request is for \$6.0 million.** The FY2001 request will be supported by a new results package.

- The cumulative funding for SPO 1, Improved HIV/AIDS/STD Prevention and Impact Mitigation Practices is \$7.52 million as of the end of FY 1998. There is no LOP or PACD. Because of the critical need in the sector and the worsening escalation of the HIV/AIDS epidemic, and because condoms for the control of HIV/AIDS distributed in Nigeria are provided under this activity, additional resources are requested in FY2000. **FY1999 approved level is \$2.7 million and \$3.4 million is requested for FY2000. The FY2001 request is for \$10.0 million.**
- LOP funding for SPO 2, Democracy and Governance, is determined annually. There is no LOP or PACD. The total obligated at the end of FY 1998 was \$8.4 million. **The FY1999 approved level is \$4.0 million and \$4.0 million is requested for FY2000. In FY2001, the request is for \$8.0 million.** Over the period of FY1999-FY2001, OTI will provide \$ 9.0 million for DG related activities.
- USAID/N will set aside funds in FY1999 and request funds in FY 2000 and FY2001 for PD&S activities in support of strategy development and supporting data collection. Some of these funds will be targeted for the private sector development.

PROGRAM PIPELINE REVIEW:

Obligations in FY 1998 were not possible until the decertification waiver was approved by the Administrator and Congress was notified, a process which delayed USAID/N's obligation until late into the fiscal year. The pipeline at the end of FY 1998 was as follows:

SO1: Family planning:	\$743,424
SO2: Child Survival:	\$233,666
SPO1: HIV/AIDS Control:	\$326,619
SPO2: DG	\$1,036,415

Because obligations occurred late in FY 1998, the pipeline reflects resources from the 1998 obligations. By the end of January 1999, over 40 per cent of this pipeline had been committed and by the end of February 1999, when grants to local NGOs were finalized, the cumulative pipeline from all SOs and SPOs was less than \$1.0 million. The projected pipeline at the end of

FY1999 will be \$970,000 which will be absorbed in the first quarter of FY2000 and before obligations begin for FY2001. There are no pipeline issues.

Strategic Objective 1: Increased Voluntary Use of Family Planning.

Pipeline on October 1, 1998: \$743,424

FY1999 Request:	\$2.5 million
FY2000 Request:	\$7.0 million (includes human capacity building)
FY2001 Request:	\$8.0 million

The population of Nigeria continues to grow at an annual rate of 3.1% with the number of women of reproductive age increasing at the same rate. There are approximately 30 million women of reproductive age, of whom over half a million seek and procure abortion annually as a result of unintended pregnancies. Seventy percent of those who seek abortion have never used any method of family planning, 60% are young persons between the ages of 15 and 24 years, while 32.6% are students. Provision of access to family planning information and services has proven to be an effective way of alleviating some of these conditions.

USAID/N recently revised the geographic focus of the program from 14 to 20 out of the 36 states, reengaging in states in which it had withdrawn during the downsizing exercise. USAID/N continues to promote family planning as part of an integrated health package by its US implementing partners, CEDPA, JHU, AVSC, Pathfinder International, JSI/BASICS Project, FHI and CDC through approximately 70 Nigerian NGO partners. The contraceptive social marketing program implemented through PSI and its Nigerian affiliate, the Society for Family Health (SFH), remains the most accessible source of contraceptives countrywide.

Plans for FY1999 and 2000

In FY1999, USAID/N, UNFPA and other donors plan to jointly support the National Population Commission in the conduct of a Demographic and Health Survey (DHS). The DHS will provide useful baseline information such as the current level of knowledge and contraceptive prevalence by age and parity, maternal mortality, and infant and child mortality. Information obtained from the survey will assist USAID/N and other donors in programming for subsequent years.

In FY2000, USAID/N will intensify its activities in the 20 focus states and selected cities by creating more demand. USAID/N will specifically target youths for comprehensive sexuality education and youth-friendly reproductive health services and increase male participation in family planning, promote long-term contraceptive services. USAID/N will engage more local NGOs for program implementation. Existing local partners in service delivery will continue to be strengthened. Emphasis will be on good management, supervision, and logistics. In addition, activities that will enhance sustainability of the local partner NGOs will be encouraged. It is anticipated that USAID/N activities in FY2000 will: a) improve the reproductive health knowledge and behavior of young persons; b) increase the number of men seeking family planning services, c) increase the number of men who support their wives in seeking family planning and reproductive health services. USAID/N requests \$4.0 million for these services.

Beginning in 1994, when USAID/N activities were scaled down, it became necessary to revise the CYP projection of \$5.0 million for FY2000, a projection which was set at a time when the future was bright for the family planning program in Nigeria. It is now anticipated that by the

end of FY2000, USAID/N activities alone will yield over 1.0 million CYPs, the number of private/NGO service outlets providing family planning services will increase by 20%, and the number of trained clinical service providers (nurse-midwives and physicians) will increase by 20%.

USAID/N expects that its activities and those of other donors will increase the contraceptive prevalence rate (CPR) among women of reproductive age (15-49 years). USAID/N will continue to dialogue with other donors on ways to move the Nigeria family planning program forward. DFID has promised continued support to PSI contraceptive social marketing, UNFPA is considering support to the NGO sector, the John D. and Catherine T. MacArthur Foundation and the Ford Foundation will be increasing their support to NGOs with additional focus on adolescent reproductive health. The David and Lucile Packard Foundation also is considering support to the family planning program through agreements with CEDPA a USAID/N Implementing Partner with a presence in Nigeria. USAID/N will work with its Cooperating Agencies at leveraging additional funds from these donors. The World Bank will only consider funding for a follow-on population project after a thorough review of the last one, which was largely a failure, with almost none of the funds expended.

Plans for FY2001

In FY2001, a new bilateral family health results package will be developed following a review of the overall program. USAID/N proposes to expand its engagement in the focus states and selected cities beyond the states. In the focus states where UNFPA is not assisting the public sector, USAID/N will work closely with the public sector in the training of service personnel and in the provision of information and services. The Emphasis will be on expanding activities in promoting dual method use and adolescent reproductive health. Additional CA would be engaged to introduce and support long-term methods, which would contribute to increasing CYP levels. In addition to providing information and services in family planning and reproductive health, USAID/N will focus more on improving the quality of services thereby increasing family planning user satisfaction, continuation and sustainability. The emphasis would be on improving client-provider interaction. From the 610,000 women who seek and procure abortion annually, it is estimated that 183,000 women experience complications. USAID/N will include post-abortion care (PAC) in its family planning and reproductive health package during the transition phase through operations research, which can be scaled up in FY2001 if successful.

Strategic Objective 2: Maternal and Child Survival

Pipeline on October 1, 1998: \$233,666

FY1999 Request:	\$4.0 million
FY2000 Request:	\$5.6 million (includes basic education initiative)
FY2001 Request:	\$6.0 million

USAID/N child survival activities are implemented in collaboration with private sector facilities and NGOs to promote a healthier and more productive society through the provision of maternal and child health services. Interventions are targeted at improving the quality of and access to services for the reduction of infant, child and maternal mortality which are still unacceptably high (Infant mortality rate: 114 per 1000, Under -5 mortality rate 191 per 1000.). Major program interventions include: strengthening of routine and mass immunizations, appropriate home management of the sick child, use of oral Rehydration therapy for diarrhea treatment, acute respiratory infections (ARI), malaria control, promotion of childhood nutrition and maternal health. Implementing partners are: Center for Disease Control (CDC), BASICS and JHU. Geographic coverage is in 20 out of 36 states.

FY1999 and FY2000

Consistent with the World Health Summit goals, USAID/N will continue the emphasis on sustaining and improving successes achieved through immunizations an urban measles eradication campaign is being implemented through the ICC. The EPI national five-year strategic plan was recently formulated to address issues of routine and mass immunizations. Plans for sub-national immunization days in 15 States are in progress.

USAID will continue support in the area of improved home management of malaria, diarrhea, acute respiratory infections, and childhood nutrition through community outreach services. Integrated management of childhood illnesses (IMCI) which has been adopted by GON as a new policy will continue to be supported through the NGOs and possibly through the public sector later. The recently launched multilateral initiative in control and prevention of malaria, Roll Back Malaria will be implemented. The GON is currently reviewing its primary health care policy to make it more responsive to increase patient need. The Mission is actively involved in this review and provides technical assistance along with other agencies such as UNICEF, WHO and DFID.

The Polio eradication initiative, targeted at eradication of polio by the year 2000 will be intensified. Other agencies such as WHO are fully engaged in acute flaccid paralysis surveillance. USAID/N will collaborate with them. USAID/N's primary partners will continue to be the private sector, however we shall dialogue with the GON in the areas of IMCI, epidemiology, operations research, and policy development. Initiatives in malaria control and management such as community-based mosquito net studies hitherto suspended due to financial constraints will be revisited. Promotion of exclusive breast feeding, positive weaning practices, maternal nutrition and other nutritional interventions will also be revisited and some of them tested via operations research during the transitional phase.

With the size and complex nature of Nigeria, and its significance in the regional and global public health, additional funds will be required to make significant impact in child survival. While collaboration with NGOs has come a long way in providing a window of opportunity for alternative partnership, the public sector needs to be engaged for maximum and well coordinated programs and funding in child survival and maternal health.

BASICS/Nigeria and its successor will continue to be the major contractor. BASICS was expected to close by the end of FY1998, however, the project has been extended to June 1999, pending the development of a new contract. The CDC PASA agreement will end in June 1999. Considering all the child survival related activities components to be implemented, such as: control of diarrheal diseases, polio eradication, Malaria, childhood nutrition, maternal health, ARI, and immunizations, other contractors such as JSI/Mothercare, JHPIEGO/Maternal and Neonatal Health Project and AED/Linkages would be engaged.

FY2001

Data collected from the DHS scheduled in FY1999 will be used as the basis for review and determining the direction of the maternal and child survival program. The development of a new CSP in FY2000 will lead to the drafting of a new result package. Existing program activities will be revised and may be extended to the public sector. Bilateral activities started in FY2000 will be intensified.

Special Objective 1: Improved HIV/AIDS/STD Prevention and Impact Mitigation Practices

Pipeline on October 1, 1998:	\$326,619
FY1999 Request:	\$2.7 million
FY2000 Request:	\$3.4 million
FY2001 Request:	\$10.0 million

The United Nation Program on HIV/AIDS (UNAIDS) ranked Nigeria as the second worst affected country in the world in 1997, based on the number HIV infections. However, with a current seroprevalence estimate of 10%, Nigeria could easily rank first, based on the sheer number of infections. Nigeria is fast becoming the epicenter in West Africa for the AIDS pandemic. This situation elicits a humanitarian response in line with the Agency's goal to protect human health. It is in the U. S. national interest to (a) reduce the spread of infectious diseases and (b) ensure that local and regional instabilities do not threaten the security and well being of the United States or its allies.

This SPO has four main intervention strategies: (1) behavior change communication using combined Information Education and Communication (IEC) strategies; (2) early diagnosis and prompt treatment of Sexually Transmitted Diseases (STD); (3) promoting the use of condoms through social marketing, and (4) mitigating the impact of AIDS through psychosocial support and care for People Living With HIV/AIDS (PLWHA) and People Affected By AIDS (PABA) including youth and orphans. Target populations include commercial sex workers, long distance

drivers, dockworkers, students of tertiary institutions, other youths, orphans, PLWHA and PABA.

The USAID/N program supports NGO efforts in 20 states with different levels of intensity. The current estimate is that four to five million people are infected with HIV in Nigeria. Similarly, the number of reported cases of fully blown AIDS increased rapidly from 1,148 in April 1994 to 20,344 as at April 1998. Although these figures constitute the tip of the iceberg, they reflect an exponential growth in the magnitude of the AIDS epidemic in Nigeria. Over 50% of HIV infection in Nigeria is attributable to adolescents and young adults. Although, HIV/AIDS awareness is estimated to be as high as 70%, safer sex behaviors like condom use remain low. This is especially true in vulnerable groups. The AIDS epidemic is so severe that in some communities there are few able hands to sustain adequate food production. Such communities are left with mostly infected and severely ill women and a deluge of orphans.

Children have not been spared. The GON estimates that of the total number of new HIV infections in Nigeria in 1997 (526,756 infections), close to 70,000 or 13% were attributable to children alone. Sensitization and education of members of the public need to be intensified. There is a dearth of reliable epidemiological data to assist program planning and evaluation. All stakeholders including government need epidemiological information to plan programs that are responsive to local problems. The disease surveillance systems that track noticeable diseases and generate the much needed data are very weak and the program would benefit substantially from a DHS survey or its equivalent.

Effective programming in psychosocial care and support to PLWHA and PABA will require that we strengthen the capacities of local NGOs to offer counseling services as well as to transfer vocational, networking and advocacy skills as appropriate, to PLWHA and PABA. Unfortunately the modest capacity building efforts that have taken place in the development of care and support programs in Nigeria, were carried out only in public health facilities. More work needs to be done in the private sector.

The success of HIV/AIDS prevention program depends partly on the availability of condoms. At the current funding level, the demand for condoms generated through USAID/N's social marketing and NGO/community programs will exceed condom supply. Until recently, USAID/N financed up to 85% of all condoms in Nigeria. Modest importation by other donors, notably the UNFPA, the World Bank and DFID, will meet perhaps 15% of the USAID/N's level.

FY1999, FY2000 and FY2001

In FY1999-FY2001, USAID/N while maintaining the traditional target population will intensify its operations in the current 20 states*. The youth program which now focuses on tertiary institutions will be expanded to include high school students and out-of-school youth. USAID will adopt the Ugandan model, which demonstrated that significant reduction in HIV prevalence can be achieved through sustained nationwide youth programs.

*South Eastern cluster - Abia, Anambra, Cross River, Ebonyi, Enugu, Benue;

South Western cluster - Lagos, Ekiti, Ondo, Osun, Oyo;

Northern cluster - Kano, Katsina, Kebbi, Jigawa, Plateau, Niger, Sokoto, Nasarawa, Zamfara.

Doctors and nurses in most public and private health facilities in Nigeria, have expressed the urgent need for trained HIV/AIDS counselors. The current situation where patients are screened and test results released to them without any counseling is unsettling. Patients are simply told they are HIV-positive and discharged. USAID therefore plans to organize a series of regional Training of Trainers workshop across the country. The aim is to raise an army of HIV/AIDS counseling trainers who would serve as resource persons to train counselors at the state and local government levels.

There is a need to prevent HIV transmission and mitigate the impact of the epidemic on children. USAID/N plans to carry out population-based surveys to establish the magnitude of the problem. Thereafter, USAID/N will assess the capacity of all health care facilities affiliated with our partner NGOs to provide voluntary counseling and testing to all pregnant mothers seeking prenatal care. USAID/N will then facilitate training of members of staff at centers providing care on pre-and post-test counseling, confidential record keeping, and HIV screening. USAID/N, in collaboration with other major stakeholders, especially the GON and international agencies, will explore opportunities to provide relevant screening equipment and reagents as well as short course AZT therapy to HIV positive pregnant mothers.

In several communities, there are a sizeable number of orphans due to HIV/AIDS. USAID/N plan to establish an Orphan Care and Support (OCS) program for some of these children in collaboration with religious organizations and credible CBOs. USAID/N will consider the different OCS models and chose the model that is appropriate for implementation. USAID/N will provide opportunities to immunize and educate these children. It will also ensure that the children eat at least, one good meal a day through school meal programs.

The anticipated expansion of USAID/N's HIV/AIDS program will require more condoms to meet the demands that will be created by community programs. USAID/N's estimates that, more than 80,000,000 condoms will be required annually

USAID/N will collaborate with the GON and other stakeholders to strengthen HIV/AIDS/STDs surveillance systems. Potential assistance packages will range from test reagents and consumables to staff training, provision of computer hardware and other commodities including vehicles. In order to determine the impact of the modest behavior changes observed across AIDSCAP sub-projects, there is a need for cross-cutting baseline/epidemiological trend studies. The DHS to be conducted in FY1999 will provide us this data.

USAID/N's program targets are to improve prevention practices by 20% in the high risk population, increase awareness of HIV/AIDS/STD and prevention of HIV/STD by 20%, increase the availability of condoms to a maintained consistent level which responds to created demand, and increase the proportion of AIDS patients managed at home by community based organizations by 40%

Special Objective 2 : Democracy and Governance (DG)

Pipeline on October 1, 1998: \$1,036,415

FY1999 Request:	\$4.0 million
FY2000 Request:	\$4.0 million
FY2001 Request:	\$8.0 million

USAID/N's DG program was initiated in FY 1996 to strengthen civil society's capacity to effect democratic change under a repressive military regime. A vast country with a quarter of Africa's population (108 million), Nigeria has been governed by the military for three decades. Prolonged military rule has weakened civil society. Generations of Nigerians have grown up without any knowledge of the functioning of elected institutions. The newly elected democratic government is faced with a number of problems. They are: a) weak democratic structures and institutions staffed by inexperienced officials; b) a weak democratic culture and civil society, uncertain about its role in a democratic setting; c) a judicial system dependent on the executive branch; d) a centralized government with the federal government exercising disproportionate powers; e) ethnic and regional disaffection over power sharing and the distribution of national wealth; f) a weak media; and g) a politicized military.

Two IPs; CEDPA and JHU/PCS provide grants to 34 local grassroots women and youth groups in 26 states implement the DG program.

FY1999

USAID/N plans to expand the focus of the DG program in FY1999-FY2001 to cover more states, expand activities with civil society and provide support to the new democratic institutions of the elected government. The civil society component of the program will be maintained and expanded to accommodate labor unions, professional associations, and religious organizations. In future programming, more emphasis will be placed on coalition building and networking by NGOs and CSOs in different parts of the country to build the critical mass necessary to defend and sustain democratic order, enhance civil society's ownership of democratic institutions, and to hold elected representatives and institutions accountable to the people.

With OTI support, training programs for the legislatures at the local, state and national levels will be designed and carried out. Program activities with political parties will be implemented to strengthen their planning capacity and commitment to democratic principles even while out of government. Program activities to strengthen the judiciary and the media will be introduced. A conflict management initiative will be needed to reduce tensions and re-establish bridges of trust between the volatile oil producing areas of the Niger-Delta on the one hand, and the government and oil companies on the other for fruitful negotiations and resolution of grievances. Civil-military relations will be incorporated into the program in FY2000 and 2001 to reorient Nigeria's highly politicized military.

Expected results include; increased number of coalitions in civil society committed to defense of democracy, increased awareness of accountability and transparency by elected representatives and state institutions to the electorate; increased capacity of the media to report DG issues; trained legislative and judicial officers prepared to execute the high duties of their mandates; more women empowered to participate in democratic governance and public service; sensitized youths ready to play a constructive role in sustaining democratic values and culture; peaceful

resolution of communal conflicts, and a more sensitized citizenry committed to defend the gains of democracy.

The proposed changes in the DG portfolio will need a review of the existing program in FY1999 and the establishment of baseline data for the new interventions. Through the OTI transitional program; four new regional offices in Lagos, Abuja, Kano and Port Harcourt will be established to meet the logistics requirements of nationwide DG activities; two or more specialized DG IPs that can handle some of the interventions with public institutions such as the judiciary, the parliament, the military and the political parties will be engaged to implement our expanded program.

Strategic Objective 3: Human Capacity Building and Basic Education

FY1999 Request:	\$0
FY2000 Request:	(\$5.0 million in FY2000 CP tables: \$3 million for SO1 and \$2 million for SO2 basic ed)
FY2001 Request:	\$6.0 million

Mission plans to design and develop a human capacity building results package. The FY2000 budget earmarks \$2 million for basic education under the Africa initiative and \$3 million for human capacity building under SO#1 family planning. A sector analysis will be undertaken and based on findings and recommendations, a result framework will be developed and activities identified for funding.

A program in basic education is critical to Nigerian's development and the USAID/N's program. The well demonstrated and documented strong linkages between the benefits of basic education and its impact on democracy and good governance, child survival programs, and early childhood development must be emphasized, strengthened and captured in the Nigeria's economic growth and development. Lack of an equitable, effective, and relevant basic education system is a major constraint in achieving the optimum human productive capacity in Nigeria. The literacy rate in Nigeria is under 50% in the general population and lower for women. The World Bank has estimated that no country has developed with less than 60 per cent literacy rate. The school enrollment rate is 70% for boys and 49% for girls. The drop out rate is over 50%, for girls especially in remote areas. The school system is in disarray. Teachers are poorly trained and unmotivated, frequently absent and are not effective. Equipment, books and supplies are non-existent and the curriculum is outdated and irrelevant. Graduates from secondary schools and colleges lack useful skills and therefore are unemployed or under-employed.

Dropouts roam city streets and need to be taught useful skills to participate in productive activity. Although cultural and religious practices play a role in school enrolment and attendance, lack of access and equity is the major constraint in literacy and numeracy in Nigeria. It has been established by the World Bank that educating girls to the fourth grade level has a tremendous effect on the quality of life they aspire for themselves. This includes their ideas on family size, their ability to better analyze and decide on issues concerning child spacing, nutrition and absorption of new and useful skills.

In order to develop the basic education strategic objective, USAID/N will undertake an educational sector analysis that will identify critical constraints, government policies and programs, education through the private sector especially religious schools and ongoing and planned donor activities. Findings and recommendations will contribute to the development of a strategic objective which seeks to intervene and alleviate some of the major constraints in the education sector. The proposed intervention will be linked to and in synergy with the child survival and DG strategic and special objectives. Interventions will take into consideration USAID/N's sustainable development goals, staffing, available program resources and comparative advantage.

In FY1999, USAID/N will utilize PD&S funds for sector review in human capacity building and review of the private and public system basic education with particular emphasis on girls and vocational education and teacher training, program/project development and a DHS survey. Assistance will be sought from AFR/SD in this endeavor. Based on reviews and lessons learned from best practices in education programs/projects developed and implemented in the West Africa region (Ghana, Guinea, Mali, Benin, Niger) and from the expressed requests of Nigerian NGOs in the sector, USAID/N expects to develop a basic education results framework that will concentrate on supporting equity, expanding access and improving the quality of basic education for girls and other disadvantaged groups. The initial estimated total resources for a four year basic education program is \$24.0 million with the first obligation in FY2000 of \$2.0 million. The FY 2001 request is \$6.0 million.

III. How SOs/SPOs Performance Influenced Resources Requests

Based on the performance of our strategic and special objectives and cognizant of the fragility of the newly elected democratic government and political stability in Nigeria, the resource request decisions of our SOs and SPOs are based on the following order of importance.

- 1) Support to political stability, democratic reform and good governance, (SPO 2-DG)
- 2) Support to integrated health activities in the order prioritized below.
 - a) Prevention of and mitigation of HIV/AIDS/STDs,(SPO-1 HIV/AIDS)
 - b) Population and family planning.(SO-1)
 - c) Maternal health and child survival and (SO-2)
- 3) Support to human capacity building and basic education.

With a democratic government elected, the DG program will be revised and expanded to include more civic organizations such as, labor unions, professional associations, and religious organizations. More emphasis will be placed on coalition building and networking by NGOs to defend and sustain democratic order, and to hold elected representatives and institutions accountable to the people. Women's rights and empowerment will continue to receive attention.

The proposed OTI/DG program will support the ongoing USAID/N's DG program. The OTI program, which focuses on good governance, will train elected officials at the local, state and national levels. Political parties will be strengthened to improve their planning capacity and commitment to democratic principles. Civil-Military relations programs will be initiated. Conflict prevention, management and resolution interventions will be developed. Assistance to the private sector economic reform and the economy will be initiated.

Based on the growing severity of HIV/AIDS/STDs in Nigeria and USAID/N's successful track record of interventions, this SPO will receive the next largest share of our requested budget. USAID/N remains the most consistent donor financing most HIV/AIDS prevention activities in Nigeria. Encouraging results have been registered in slowing the spread of the virus in some high risk groups but the alarming increase of fully developed AIDS cases in a society not prepared to deal with the social, medical and economic consequences of the epidemic and the increase in HIV/AIDS orphans calls for more interventions.

USAID/N's result review indicates that family planning should continue to become a high priority area in our program. Contraceptive use among women of reproductive age is beginning to rise from 7.1% in 1995 to approximately 19.3 % (spot survey) in 1998. USAID/N ranks this activity third in its request for program funding and will focus its limited resources in encouraging policy and administrative changes from the GON, leveraging additional funding from other donors and providing incentives for the private sector to participate in family planning activities.

Maternal and child health is the ranked next in our request for program funds. This is because of encouraging developments by the GON in support of child survival during the past year. In the past, USAID/N provided a variety of inputs such as commodities, training and technical assistance in support of immunizations but did not finance the vaccines required for the program. The worldwide polio eradication initiative has led to a renewed effort at vaccine procurement by the GON, and has generated additional interest from donors in support of child survival and especially EPI, ORT and ARI. The prospect of the effective utilization of USAID/N inputs in this sector ensures that additional funds can be responsibly programmed with an assurance of program impact unlike in previous years when vaccines were not available. USAID/N and other donors, notably UNICEF and WHO, will continue to work with the GON to better institutionalize its current efforts because Nigeria continues to have one of the lowest immunization coverage rates. Current GON extra-budgetary efforts to support EPI cannot be guaranteed to continue under the new government.

The basic education/human capacity development initiative is proposed to begin in FY2000. The AA/AFR discussed this initiative with the high GON officials during her last visit to Nigeria. USAID/N believes the need for an enhanced political environment and the current need for humanitarian assistance are important even as efforts are made to improve the human capacity and basic education. Basic education would strengthen the human resource base and foster the participation of women in the political, economic and educational life of Nigeria.

The economy and the private sector is proposed as a target of opportunity to be reviewed and assisted with support from OTI funding.

IV. Linkage of Field Support to Development Programs

In FY 1998 over 90 percent of the OYB was allocated to field support for five CAs who are responsible for the technical implementation of the Mission's SOs. These partners are essential for the effective implementation of the USAID/N program. Additional technical assistance from the Global Bureau G/DG and G/PHN offices have been essential for continued effective program implementation. When the approved three additional USDHs, two USPSCs and the Child Survival fellow arrive at post and additional local professional staff are recruited, USAID/N will gradually increase the bilateral portion of the program and reduce the field support accordingly. Selection of implementation partners will be on a more competitive basis than before.

The current USAID/N's field support and bilateral budget profile reflects the downsized program and personnel put in place in 1996. USAID/N relies heavily on centrally financed contracts, PROG/PDO support from its twinned missions in Benin, Contract's Officer and Controller from USAID/Ghana and legal services from USAID/Senegal to implement its program.

V. Operating Expense and Workforce Requirements

FY1999 Increases and Decreases

In FY1999, USDH staff will be increased from the existing one USDH (Mission Director) to four. The three newly approved positions are: Supervisory Program Officer, Supervisory General Development Officer and Democracy and Governance Officer. Two new USPSCs are requested one program funded as D/G Officer and a OE funded Program USPSC. A Child Survival Fellow is also expected. A short-term USPSC Controller and an EXO are proposed to support the current USPSC/EXO and take over the increased EXO and Controller functions.

The Mission currently has eight OE funded FSN professionals and five program funded FSN professionals, forming a total of thirteen FSNs. In FY1999, ten additional OE funded FSNs (Driver, Communications and Records Officer, Voucher Examiner, Janitorial Staff, Telephone Technician, Engineer, Receptionist and Electrician) will be hired to assist in the Executive Office and Controller's operations. A locally hired USPSC will be required to assist the current internationally hired USPSC EXO/Administrative Officer in the daily operations of the office.

Two additional program funded FSN professional staff (an Assistant Program Manager to support the HIV/AIDS Program Manager and an Education officer) will be hired.

USAID/N's approved OE level of \$1,750,000 (which includes ICASS) will not be sufficient to effectively operate the Mission until the end of the fiscal year. Possible areas of cost savings during the fiscal year are: travel for conferences/seminars/retreats; elimination of assessment travel; other operational travel; ICASS; residential security guard services, and building renovation. Significant areas of OE applications are in the payment of USPSCs (long- and short-term) salaries and benefits, COLA payments which were not originally budgeted for, post assignment travel and freight, office and residential utilities associated with the addition of three USDHs and the renovation of current office building. The planned exit of the five Implementing

Partners (Ips-CAs) from the USAID/N Office building will result in rent refund being made to them. The cost to the USAID/N is \$36,000. Additional funds will also be required to furnish and equip the residences of the three USDHs and the one USPSC D/G officer.

While USAID/N is eager to implement the increased program activities slated for the Nigeria program, additional FY1999 OE budget support will be required in addition to the approved OE level before the end of the current FY. It is estimated that USAID/N requires an additional \$650,000 for FY1999 to cover the following OE expenses:

FSNs Salaries and benefits	\$ 79,000
USPSCs Salaries and benefits	\$200,000
Office Renovation	\$ 89,000
Welcome Kits	\$ 6,000
ICASS	\$150,000
Furniture/equipment	\$ 70,000
Travel/other office costs	\$ 20,000
Rent	\$ 36,000
TOTAL	\$650,000

FY2000 Increases and Decreases

In FY2000, the Mission requests a Controller. The presence of a Controller will help to co-ordinate all finances of the Mission and expedite payments processing. Total USDH will be five.

An additional eleven FSNs would also be needed in FY2000. With the presence of a USDH Controller at post, five additional OE funded FSNs will be needed (Cashier, Chief Accountant, Assistant Project Accountant and a Clerical Officer). An OE funded driver, EXO Assistant, Computer Technologist (Software) and a Secretary will be needed in order to cope with the increased level of staffing and maintenance of the additional office space. It is expected that there will be a total of thirty-nine FSNs on board by the end of FY2000 as against the twenty-four in FY1999. At the target workforce level, USAID/N's operating budget is estimated at \$2,311,300. Cost increases above FY1999 revised and/or requested of \$97,700 are mainly attributable to increased office rent as a result of increased office space occupied, educational allowance, security guard services, ICASS and other USDH associated costs.

At the requested workforce, the operating expense budget is estimated at \$3,029,000. Costs increase over FY1999 are mainly attributed to the increased number of USDHs from four to five, which will obviously increase costs in the following areas: educational allowance, COLA, residential rent, travels, utilities, residential guard services, FSN salaries and benefits due to increased number of OE funded FSNs from twenty-four to thirty-nine in FY2000 and ICASS.

Cost of USPSC benefits will increase significantly when compared to FY1999 because of the inclusion of all benefits in their personal contracts. This was not the practice in FY1999 when security guard services, COLA, travels, residential maintenance and other associated costs were paid outside of the USPSC contract.

FY2001 Increases and Decreases

A USDH EXO is requested in FY2001 to coordinate the challenging and increased activities of the Executive Office.

Also, a program funded Training Officer will be needed. One OE funded Secretary, a Janitor and a driver will be added to the staff strength on board at end of FY2000.

USAID/N proposes an operating expense budget of \$2,565,400 and \$3,398,700 for targeted workforce and requested workforce levels respectively.

FY2000/2001 Target Budget Increases and Decreases

O/C Narrative

- 11.1 There are no FSN DHs on board.
- 11.8 The increase in USPSC salaries is as a result of the anticipated annual salary increase by the USG. In a similar manner, the FSN PSCs salaries are expected to increase annually due to possible promotions and upward review of FSN Compensation Plan.
- 12.1 The 6% increase in educational allowance in FY2001 is mainly to cushion the effect of inflation. COLA also increased in FY2001 due to anticipated 3% annual increase in base pay of American employees. The increase in USPSC benefits is basically as a result of inflation and possible upward review of base pay.
- 21 The increase in educational travel is solely due to inflation. The evacuation travel in FY2001 is for the possible evacuation of the EXO USPSC whose contract terminates in December, 1999. Operational travel is expected to increase in FY2001 as a result of increased USDHs at Post and the increase in Mission activities. Also, R & R is expected to decrease by about 75% in FY2001 because of the drop from four USDHs in FY2000 to one in FY2001. Home leave is not planned for any USDH in FY2000. The increase in FY2001 is as a result of the anticipated home leave to be embarked upon by the Director, GDO, Program Officer and DG officer.
- 22 The increase in home leave freight is attributable to the anticipated home leave travels to be undertaken by the four USDHs on board in FY2000.
- 23.2 The increase in rent is due to inflation and possible upward rent review.
- 23.3 Increases in communications and utilities due to inflationary trends and expected privatization of those government-owned parastatals, which might result in price increases.
- 25.1 No change.

- 25.2 Increases in security guard services are due to anticipated upward review of security contract which accompany changes in Compensation Plan.
- 25.3 The 13% increase in ICASS is due to possible inflation.
- 25.4 The 12% increase in FY2001 is attributable to possible increase in general price level due to inflation.
- 25.7 The increase in equipment repairs and maintenance cost is due to the age of the office electricity generator, which will imply a more frequent maintenance than usual. Also, because of the wear and tear of vehicles due to aging, the cost of maintaining official vehicles will increase.
- 32 The decrease in building and residential renovation are anticipated in FY2001 since most of the renovation work would have been completed before the end of FY2000.

FY2000/2001 Request Budget Increases and Decreases

O/C Narrative

- 11.8 The increase in FN PSC salaries is due to the additional three FN PSCs that will be recruited and possible salary increase associated with changes in Compensation Plan revision.
- 12.1 The arrival of an EXO DH with dependents will cause the educational allowance and COLA to increase in FY2001. Further increases in the FN PSCs benefits and transfers to the separation trust fund is as a result of the additional three FSNs that will be recruited. Also, increase in USPSC benefits is to reflect the annual 3% increase usually granted by the USG.
- 21 Training will be increased in FY2001 to ensure effective performance. Educational travel is also expected to increase due to the anticipated arrival of a USDH EXO with a dependent at Post. Also to increase are Mission Site visits and conference travels which are necessary because of the increased Mission activities and staff strength. However, R & R is expected to decrease significantly because of the drop from four USDHs in FY2000 who are eligible for R & R to one in FY2001. Home leave is planned for four USDH in FY2001 and none in FY2000.
- 22 In FY2001, home leave freight is estimated for four USDHs while only one is budgeted for in FY2000. Hence, there will be an increase in transportation of things.
- 23.2 Increases in rental payments are due to a possible upward review of office lease contract which currently ends in FY2000 and the arrival of EXO USDH necessitating the hiring of additional housing unit.
- 23.3 Increases in communications and utilities can be attributed to increased staff strength, Mission activities and inflation.
- 25.1 Use of contractors for ad hoc services expected to increase as the Mission expands.
- 25.2 Increases in security guard services are due to anticipated upward review of security contract which accompany changes in Compensation Plan. The Mission also makes plan for miscellaneous services that may be incurred in FY2001.
- 25.3 The addition of EXO USDH will obviously increase ICASS in FY2001.
- 25.4 Residential building maintenance is expected to increase proportionately with the number of USDHs at Post.
- 25.7 With the arrival of an EXO USDH, there will be an increase in vehicle usage and other office facilities; thereby leading to an increase in maintenance costs.

- 31 No major procurements are anticipated in FY2001 as most would have been done in FY2000. Hence, equipment cost will decrease in FY2001.

VI. Changes in the CSP/Management Contract

The USAID/N 18-14 month transitional strategy will continue its humanitarian focus with a renewed emphasis on HIV/AIDS, family planning and an expanded DG activity. The CSP was approved in 1992 for implementation from FY 1992-FY2000. It had one strategic objective and one special objective. The CSP was updated and reviewed by USAID/W in November 1994 and subsequently approved in January 1995 to reflect the changed developmental realities in Nigeria. It was further revised and approved to respond to evolving political and economic events in Nigeria with the addition of a DG special objective in FY 1996.

For the past two years resource request, USAID/N has provided adequate justification for a strategic objective on Basic education/human capacity building. Such a program is being developed for funding in FY2000.

The current CSP does not reflect the total number of strategic objectives specified in the results review or what the mission believes should be the future directions of the program. A transitional strategy is being crafted to reflect the current program of USAID/N and what results could be achieved within an 18-24 month interim period.

Assuming a smooth transition to democratic rule in Nigeria on May 29, 1999, USAID/N will operate with an approved transitional strategy. A new fully developed CSP will be crafted in FY2000 after thorough analysis. It will include current strategic and special objectives as well as a strategic objectives in Education and human capacity building. A target of opportunity in the private sector development will also be included.

In conjunction with the CSP exercise, USAID would review the field support and bilateral composition of its budget to determine the most appropriate balance in implementing its portfolio.

In addition to the increase in the number of USDHs, USAID 's senior management will also change in mid FY1999.

VII. Justification for a New Strategic Objective in Basic Education

Basic Education

A program in basic education, training and human capacity development is critical to Nigeria's development and the USAID/N program. The well-demonstrated and documented strong linkages between the benefits of basic education and its impact on democracy and good governance, child survival programs, and early childhood development need to be emphasize, strengthened and captured in the Nigeria's economic growth and development.

Lack of an equitable, effective, and relevant basic education system is a major constraint in achieving the optimum human productive capacity in Nigeria. The literacy rate in Nigeria is less than 50% in the general population and lower for women. The World Bank has estimated that no country has developed with less than 60 per cent literacy rate. The school enrollment rate is 70% for boys and 49% for girls. The drop out rate is over 50%, for girls especially in remote areas. The school system is in disarray. Teachers are poorly trained and unmotivated, frequently absent and are not effective. Equipment, books and supplies are non-existent and the curriculum is outdated and irrelevant. Graduates from secondary schools and colleges lack useful skills and therefore are unemployed or under-employed.

Dropouts roam city streets and need to be taught useful skills to participate in productive activity. Although cultural and religious practices play a role in school enrolment and attendance, lack of access and equity is the major constraint in literacy and numeracy in Nigeria. It has been established by the World Bank that educating girls to the fourth grade level has a tremendous effect on the quality of life they aspire for themselves. This includes their ideas on family size, their ability to better analyze and decide on issues concerning child spacing, nutrition and absorption of new and useful skills.

In order to develop the basic education strategic objective, USAID/N will undertake an educational sector review with support from AFR/SD, that will identify critical constraints, government policies and programs, education through the private sector, especially religious schools and ongoing and planned donor activities. Findings and recommendations will contribute to the development of the strategic objective, which seeks to intervene and alleviate some of the major constraints in the education sector. The proposed intervention will be linked to and in synergy with the child survival and DG strategic and special objectives. Interventions will take into consideration Missions MPP, USAID's sustainable development goals, staffing, available program resources and comparative advantage.

Based on reviews and lessons learned from best practices in education programs/projects developed and implemented in the West Africa region (Ghana, Guinea, Mali, Benin, Niger) and from the expressed requests of Nigerian NGOs in the sector, USAID/N shall develop a basic education strategic objective that will concentrate on supporting equity, expanding access and improving the quality of basic education for girls and other disadvantaged groups. The estimated cost for a four year program is \$24.0 million with funding to begin in FY2000.

VIII. Justification for Possible Intervention in Private Sector Development and Economic Reform

In 1998 the key objective of the GON was to achieve economic growth by stimulating private sector led investment. Little has been seen in this respect in terms of relevant policy implementation. The reported growth in GDP in 1998 was 2.4%, being the lowest in 3 years and less than the estimated population growth rate of 2.8%. Industrial capacity utilization declined from 34% in December 1997 to an all-time low of 28% in 1998. These and a worsening pattern of income distribution explain the deteriorating quality of life and declining aggregate purchasing power of Nigerians.

Given that there has been no appreciable growth in GDP per capital in Nigeria since 1993, the real challenge facing Nigeria today is to double GDP per capita in a record time. In order to do that GON needs to encourage significant private sector-led new investment activity, mobilize savings to finance investment, allow market to determine exchange rate, privatize, liberalize, deregulate and above all create an enabling environment by reducing the cost of doing business in Nigeria.

USAID/N will undertake an overall assessment of the economy focusing on critical constraints, government policies, institutions, the structure of incentives etc, inhibiting the growth of the private sector. It will also look at what other donors are doing with a view to coordinate and leverage our assistance. Findings and recommendations will contribute to the development of interventions, which will seek to encourage private sector growth. The proposed interventions will be linked to and in synergy with the DG strategic objective. Intervention will take into consideration USAID/N's sustainable development goals, staffing, available program resources and comparative advantage.

The private sector initiative could focus on:

Assisting the GON and non public entities to build leadership and coalition(public/private) groups for leveraging greater transparency, accountability and probity of economic/financial operation.

Raising public awareness and strengthen private sector coalition groups to leverage changes in deregulation, privatization, transparency, and accountability, etc.

Assisting the GON with putting in place policies and procedures to encourage private sector investment, trade et al and to address other constraints facing the private sector.

THE EXPANDED OTI/DG INITIATIVE

FY1999

In addition to the ongoing DG program, OTI/USAID/N is supporting the transition process to democratic rule. Assistance began within weeks of the announcement by General Abubakar of elections leading to a hand-over of power to a civilian government by the end of May 1999. An inter-agency assessment team arrived in Nigeria in August and based on its recommendations a plan for supporting international and domestic election observation, the training of political party poll agents and voter education emerged. Working with both USAID/N's ongoing implementing partners and bringing new specialized partners to Nigeria, USAID/N made a significant impact on the electoral phase of the transition process. OTI assisted the Mission's coordination of USAID electoral assistance, through the Global Bureau's CEPPS mechanisms, setting the tone for the inter-Bureau coordination which the Mission proposes for the 1999-2001 period.

USAID/N's proposed interventions in the areas of democracy and good governance and economic reform and private sector development will be developed and implemented in partnership with USAID/BHR's Office of Transition Initiatives (OTI) and the Global Bureaus Center for Democracy and Governance. OTI is USAID's specialized office to provide rapid response programs for transition situations such as Nigeria's. With Mission support, OTI has developed a concept paper for its interventions, has established operations in Nigeria, and in early March 1999 began its activities by coordinating an inter-Bureau effort of pre-inaugural training of newly elected officials.

OTI proposes four sector areas for its transition assistance, as follows: 1. Training for good governance; 2. Delta pilot projects, including conflict resolution; 3. Coalitions for reform, especially economic reform and private sector development; and 4. Civil-military relations. All of OTI's activities will be developed and implemented in close coordination with the Mission and with Embassy/Lagos. OTI brings its own budgetary resources and logistical support to enhance the Mission's programs. Its budget for FY99 is \$5-\$7,000,000; similar funding levels are anticipated for FY2000 and FY2001. OTI is establishing three field offices, in Port Harcourt, Abuja, and Kano, in addition to its office in the USAID building in Lagos. These regional platforms will provide support for all of USAID's programs.

FY 1999 Budget Request by Program/Country

27-Apr-99

12:53 PM

Program/Country:

USAID/NIGERIA

DA/CSD FUNDS

Approp Acct:

Scenario

D. #, Title		FY 1999 Request													Est. S.O. Expenditures	Est. S.O. Pipeline End of FY 99
	Bilateral/Field Spt	Total	Micro-Enterprise	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Other Health	Environ	D/G		
SO 1: INCREASED VOLUNTARY USE OF FAMILY PLANNING																
	Bilateral	50						50							50	0
	Field Spt	2,450						2,450							1,850	600
		2,500	0	0	0	0	0	2,500	0	0	0	0	0	0	1,900	600
SO 2: IMPROVED MATERNAL AND CHILD HEALTH PRACTICES																
	Bilateral	100						100							100	0
	Field Spt	3,900						3,900							3,650	250
		4,000	0	0	0	0	0	4,000	0	0	0	0	0	0	3,750	250
SPO 1: IMPROVED HIV/AIDS/STD PREVENTION AND CONTROL PRACTICES																
	Bilateral	900									900				900	0
	Field Spt	1,800									1,800				1,800	0
		2,700	0	0	0	0	0	0	0	0	2,700	0	0	0	2,700	0
SPO 2: DEMOCRACY AND GOVERNANCE																
	Bilateral	650												650	630	20
	Field Spt	3,350												3,350	3,250	100
		4,000	0	0	0	0	0	0	0	0	0	0	0	4,000	3,880	120
	Bilateral	0					0									
	Field Spt	0					0									
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 6:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		1,700	0	0	0	0	0	50	100	0	900	0	0	650	1,680	20
Total Field Support		11,500	0	0	0	0	0	2,450	3,900	0	1,800	0	0	3,350	10,550	950
TOTAL PROGRAM		13,200	0	0	0	0	0	2,500	4,000	0	2,700	0	0	4,000	12,230	970

FY 99 Request Agency Goal Totals	
Econ Growth	0
Democracy	4,000
HCD	0
PHN	9,200
Environment	0
Program ICASS	0
GCC (from all Goals)	0

FY 99 Account Distribution (DA only)	
Dev. Assist Program	6,500
Dev. Assist ICASS	
Dev. Assist Total:	6,500
CSD Program	6,700
CSD ICASS	
CSD Total:	6,700

Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.
For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account

***NOTE:** IN ADDITION TO MISSION OYB OF \$12.5MILLION, MISSION ALSO PROGRAMMED IN FULL, ADDITIONAL \$700,000 APPROVED FOR HIV.
THIS EXPLAINS THE "TOTAL PROGRAM" FUND OF \$13.2MILLION.

FY 2000 Budget Request by Program/Country

27-Apr-99

12:53 PM

Approp Acct:
Scenario

Program/Country:
(Enter either DA/CSD; ESF; NIS; or SEED)

USAID/NIGERIA
DA/CSD FUNDS

D. #, Title																
FY 2000 Request																
	Bilateral/ Field Spt	Total	Micro- Enterprise	Agri- culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Other Health	Environ	D/G	Est. S.O. Expendi- tures	Est. S.O. Pipeline End of FY 00
SO 1: INCREASED VOLUNTARY USE OF FAMILY PLANNING															Year of Final Obligation:	
	Bilateral	450						450							250	200
	Field Spt	3,550						3,550							3,350	200
		4,000	0	0	0	0	0	4,000	0	0	0	0	0	0	3,600	400
SO 2: IMPROVED MATERNAL AND CHILD HEALTH PRACTICES															Year of Final Obligation:	
	Bilateral	150						150							(50)	200
	Field Spt	3,850						3,850							3,550	300
		4,000	0	0	0	0	0	4,000	0	0	0	0	0	0	3,500	500
SPO 1: IMPROVED HIV/AIDS/STD PREVENTION AND CONTROL PRACTICES															Year of Final Obligation:	
	Bilateral	750									750				250	500
	Field Spt	4,250									4,250				3,750	500
		5,000	0	0	0	0	0	0	0	0	5,000	0	0	0	4,000	1,000
SPO 2: DEMOCRACY AND GOVERNANCE															Year of Final Obligation:	
	Bilateral	1,500												1,500	1,480	20
	Field Spt	2,500												2,500	2,400	100
		4,000	0	0	0	0	0	0	0	0	0	0	0	4,000	3,880	120
SO 7: HUMAN CAPACITY DEVELOPMENT															Year of Final Obligation:	
	Bilateral	2,500				2,500										
	Field Spt	500				500										
		3,000	0	0	0	3,000	0	0	0	0	0	0	0	0	0	0
SO 8:															Year of Final Obligation:	
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		5,350	0	0	0	2,500	0	450	150	0	750	0	0	1,500	1,930	920
Total Field Support		14,650	0	0	0	500	0	3,550	3,850	0	4,250	0	0	2,500	13,050	1,100
TOTAL PROGRAM		20,000	0	0	0	3,000	0	4,000	4,000	0	5,000	0	0	4,000	14,980	2,020

FY 00 Request Agency Goal Totals	
Econ Growth	0
Democracy	4,000
HCD	3,000
PHN	13,000
Environment	0
Program ICASS	0
GCC (from all Goals)	0

FY 00 Account Distribution (DA only)	
Dev. Assist Program	8,000
Dev. Assist ICASS	
Dev. Assist Total:	8,000
CSD Program	12,000
CSD ICASS	
CSD Total:	12,000

Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.
For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account

***NOTE:** 1) MISSION PROGRAM \$2MILLION BASIC EDUCATION FUNDS UNDER CS ACCOUNT FOR CHILD SURVIVAL ACTIVITY.
2) \$3million Human Cap. Funds is programmed for Basic Educ./Human Cap. Activities.

FY 2001 Budget Request by Program/Country

27-Apr-99
12:53 PM

Approp Acct:
Scenario

Program/Country:
(Enter either DA/CSD; ESF; NIS; or SEED)

USAID/NIGERIA
DA/CSD FUNDS

O. # , Title		FY 2001 Request													Est. S.O. Expenditures	Est. S.O. Pipeline End of FY 01	Future Cost (POST-2001)
	Bilateral/Field Spt	Total	Micro-Enterprise	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival	Infectious Diseases	HIV/AIDS	Other Health	Environ	D/G			
									(*)	(*)	(*)						
SO 1: INCREASED VOLUNTARY USE OF FAMILY PLANNING															Year of Final Obligation:		
	Bilateral	6,400						6,400							6,300	100	
	Field Spt	1,600						1,600							1,400	200	
		8,000	0	0	0	0	0	8,000	0	0	0	0	0	0	7,700	300	0
SO 2: IMPROVED MATERNAL AND CHILD HEALTH PRACTICES															Year of Final Obligation:		
	Bilateral	4,800							4,800						4,500	300	
	Field Spt	1,200							1,200						1,200	0	
		6,000	0	0	0	0	0	0	6,000	0	0	0	0	0	5,700	300	0
SPO 1: IMPROVED HIV/AIDS/STD PREVENTION AND CONTROL PRACTICES															Year of Final Obligation:		
	Bilateral	8,000									8,000				7,500	500	
	Field Spt	2,000									2,000				1,500	500	
		10,000	0	0	0	0	0	0	0	0	10,000	0	0	0	9,000	1,000	0
SPO 2: DEMOCRACY AND GOVERNANCE															Year of Final Obligation:		
	Bilateral	6,400												6,400	6,310	90	
	Field Spt	1,600												1,600	1,550	50	
		8,000	0	0	0	0	0	0	0	0	0	0	0	8,000	7,860	140	0
SO 3: BASIC EDUCATION															Year of Final Obligation:		
	Bilateral	3,000				3,000											
	Field Spt	0				0											
		3,000	0	0	0	3,000	0	0	0	0	0	0	0	0	0	0	0
SO 7: HUMAN CAPACITY DEVELOPMENT															Year of Final Obligation:		
	Bilateral	2,400					2,400										
	Field Spt	600					600										
		3,000	0	0	0	0	3,000	0	0	0	0	0	0	0	0	0	0
SO 7:															Year of Final Obligation:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															Year of Final Obligation:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		31,000	0	0	0	3,000	2,400	6,400	4,800	0	8,000	0	0	6,400	24,610	990	0
Total Field Support		7,000	0	0	0	0	600	1,600	1,200	0	2,000	0	0	1,600	5,650	750	0
TOTAL PROGRAM		38,000	0	0	0	3,000	3,000	8,000	6,000	0	10,000	0	0	8,000	30,260	1,740	0

FY 01 Request Agency Goal Totals	
Econ Growth	0
Democracy	8,000
HCD	6,000
PHN	24,000
Environment	0
Program ICASS	0
GCC (from all Goals)	0

FY 01 Account Distribution (DA only)	
Dev. Assist Program	19,000
Dev. Assist ICASS	
Dev. Assist Total:	19,000
CSD Program	19,000
CSD ICASS	
CSD Total:	19,000

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Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.
For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account

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WORKFORCE TABLES

Org: USAID/Nigeria End of year On-Board FY 1999 Estimate	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	Total SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
OE Funded: 1/																
U.S. Direct Hire	1						1	2	1		1				2	4
Other U.S. Citizens								0			1			2	3	3
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0		3				15	18	18
Subtotal	1	0	0	0	0	0	1	2	1	3	2	0	0	17	23	25
Program Funded 1/																
U.S. Citizens							1	1							0	1
FSNs/TCNs	1	1	1			2	2	7							0	7
Subtotal	1	1	1	0	0	2	3	8	0	0	0	0	0	0	0	8
Total Direct Workforce	2	1	1	0	0	2	4	10	1	3	2	0	0	17	23	33
TAACS								0							0	0
Fellows		1						1							0	1
IDIs								0							0	0
Subtotal	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1
TOTAL Workforce	2	2	1	0	0	2	4	11	1	3	2	0	0	17	23	34

WORKFORCE TABLES

Org: USAID/Nigeria	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	Total SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
FY 2000 Target																
OE Funded: 1/																
U.S. Direct Hire	1						1	2	1		1				2	4
Other U.S. Citizens								0			1			2	3	3
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0		3				15	18	18
Subtotal	1	0	0	0	0	0	1	2	1	3	2	0	0	17	23	25
Program Funded 1/																
U.S. Citizens							1	1							0	1
FSNs/TCNs	1	1	1			2	2	7							0	7
Subtotal	1	1	1	0	0	2	3	8	0	0	0	0	0	0	0	8
Total Direct Workforce	2	1	1	0	0	2	4	10	1	3	2	0	0	17	23	33
TAACS								0							0	0
Fellows		1						1							0	1
IDIs								0							0	0
Subtotal	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1
TOTAL Workforce	2	2	1	0	0	2	4	11	1	3	2	0	0	17	23	34

WORKFORCE TABLES

Org: USAID/Nigeria	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	Total SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
FY 2000 Request																
OE Funded: 1/																
U.S. Direct Hire	1						1	2	1	1	1				3	5
Other U.S. Citizens								0			1			2	3	3
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0		7				22	29	29
Subtotal	1	0	0	0	0	0	1	2	1	8	2	0	0	24	35	37
Program Funded 1/																
U.S. Citizens							1	1							0	1
FSNs/TCNs	2	2	1				2	9			1				1	10
Subtotal	2	2	1	0	0		2	10	0	0	1	0	0	0	1	11
Total Direct Workforce	3	2	1	0	0		2	12	1	8	3	0	0	24	36	48
TAACS								0							0	0
Fellows		1						1							0	1
IDIs								0							0	0
Subtotal	0	1	0	0	0		0	1	0	0	0	0	0	0	0	1
TOTAL Workforce	3	3	1	0	0		2	13	1	8	3	0	0	24	36	49

WORKFORCE TABLES

Org: USAID/Nigeria End of year On-Board								Total SO/SpO Staff	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
FY 2001 Target	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2									
OE Funded: 1/																
U.S. Direct Hire	1						1	2	1		1				2	4
Other U.S. Citizens								0			1			2	3	3
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0		3				15	18	18
Subtotal	1	0	0	0	0	0	1	2	1	3	2	0	0	17	23	25
Program Funded 1/																
U.S. Citizens							1	1							0	1
FSNs/TCNs	1	1	1				2	7							0	7
Subtotal	1	1	1	0	0	2	3	8	0	0	0	0	0	0	0	8
Total Direct Workforce	2	1	1	0	0	2	4	10	1	3	2	0	0	17	23	33
TAACS								0							0	0
Fellows		1						1							0	1
IDIs								0							0	0
Subtotal	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1
TOTAL WORKFORCE	2	2	1	0	0	2	4	11	1	3	2	0	0	17	23	34

WORKFORCE TABLES

Org: USAID/Nigeria End of year On-Board								Total SO/SpO Staff	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
FY 2001 Request	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2									
OE Funded: 1/																
U.S. Direct Hire	1						1	2	1	1	1			1	4	6
Other U.S. Citizens								0			1			2	3	3
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0		7				25	32	32
Subtotal	1	0	0	0	0	0	1	2	1	8	2	0	0	28	39	41
Program Funded 1/																
U.S. Citizens							1	1							0	1
FSNs/TCNs	2	2	1		2	2		9			1			1	2	11
Subtotal	2	2	1	0	2	2	1	10	0	0	1	0	0	1	2	12
Total Direct Workforce	3	2	1	0	2	2	2	12	1	8	3	0	0	29	41	53
TAACS								0							0	0
Fellows	1							1							0	1
IDIs								0							0	0
Subtotal	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1
TOTAL WORKFORCE	3	3	1	0	2	2	2	13	1	8	3	0	0	29	41	54

Workforce

MISSION :

USAID/NIGERIA POST 620

USDH STAFFING REQUIREMENTS BY SKILL CODE

BACKSTOP (BS)	NO. OF USDH EMPLOYEES IN BACKSTOP FY 1999	NO. OF USDH EMPLOYEES IN BACKSTOP FY 2000	NO. OF USDH EMPLOYEES IN BACKSTOP FY 2001	NO. OF USDH EMPLOYEES IN BACKSTOP FY 2002
01 SMG	1	1	1	1
02 Program Officer	1	1	1	1
03 EXO			1	1
04 Controller		1	1	1
05/06/07 Secretary				
10 Agriculture				
11 Economics				
12 GDO	1	1	1	1
12 Democracy	1	1	1	1
14 Rural Development				
15 Food for Peace				
21 Private Enterprise				
25 Engineering				
40 Environment				
50 Health/Pop.				
60 Education				
75 Physical Sciences				
85 Legal				
92 Commodity Mgt				
93 Contract Mgt				
94 PDO				
95 IDI				
Other*				
TOTAL	4	5	6	6

Please e-mail this worksheet
in either Lotus or Excel to:
Maribeth Zankowski
@hr.ppim@aidw
as well as include it with
your R4 submission.

*please list occupations covered by other if there are any

Org. Title: USAID/NIGERIA		Overseas Mission Budgets														
Org. No:	620	FY 1999			FY 2000 Target			FY 2000 Request			FY 2001 Target			FY 2001 Request		
OC		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
11.1	Personnel compensation, full-time permanent	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.1	Base Pay & pymt. for annual leave balances - FNDH			0			0			0			0			0
	Subtotal OC 11.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.3	Personnel comp. - other than full-time permanent	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.3	Base Pay & pymt. for annual leave balances - FNDH			0			0			0			0			0
	Subtotal OC 11.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.5	Other personnel compensation	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.5	USDH			0			0			0			0			0
11.5	FNDH			0			0			0			0			0
	Subtotal OC 11.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.8	Special personal services payments	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.8	USPSC Salaries	97.8		97.8	301.5		301.5	301.5		301.5	310		310	301.3		301.3
11.8	FN PSC Salaries	183.6		183.6	200		200	380.5		380.5	240		240	401.8		401.8
11.8	IPA/Details-In/PASAs/RSSAs Salaries			0			0			0			0			0
	Subtotal OC 11.8	281.4	0	281.4	501.5	0	501.5	682	0	682	550	0	550	703.1	0	703.1
12.1	Personnel benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	USDH benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Educational Allowances	194.4		194.4	294.5		294.5	368		368	310		310	441.6		441.6
12.1	Cost of Living Allowances	25.8		25.8	30		30	35		35	33		33	45		45
12.1	Home Service Transfer Allowances	2.8		2.8	0		0	0.7		0.7	0		0	0.7		0.7
12.1	Quarters Allowances			0			0			0			0			0
12.1	Other Misc. USDH Benefits			0			0			0			0			0
12.1	FNDH Benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Payments to the FSN Separation Fund - FNDH			0			0			0			0			0
12.1	Other FNDH Benefits			0			0			0			0			0
12.1	US PSC Benefits	37.5		37.5	254.8		254.8	254.8		254.8	262.5		262.5	262.5		262.5
12.1	FN PSC Benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Payments to the FSN Separation Fund - FN PSC	22.4		22.4	22.4		22.4	23.5		23.5	26.9		26.9	28		28
12.1	Other FN PSC Benefits	3.8		3.8	4.2		4.2	5		5	5		5	5.5		5.5
12.1	IPA/Detail-In/PASA/RSSA Benefits			0			0			0			0			0
	Subtotal OC 12.1	286.7	0	286.7	605.9	0	605.9	687	0	687	637.4	0	637.4	783.3	0	783.3
13	Benefits for former personnel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13	FNDH	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13	Severance Payments for FNDH			0			0			0			0			0
13	Other Benefits for Former Personnel - FNDH			0			0			0			0			0
13	FN PSCs	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13	Severance Payments for FN PSCs			0			0			0			0			0
13	Other Benefits for Former Personnel - FN PSCs			0			0			0			0			0
	Subtotal OC 13.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Travel and transportation of persons	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21	Training Travel	23.1		23.1	23.1		23.1	37.3		37.3	23.1		23.1	44.8		44.8
21	Mandatory/Statutory Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21	Post Assignment Travel - to field	37.8		37.8	0		0	11.2		11.2	0		0	11.2		11.2
21	Assignment to Washington Travel	3.3		3.3	0		0	0		0	0		0	0		0
21	Home Leave Travel	7		7	0		0			0	50.6		50.6	50.6		50.6
21	R & R Travel	5		5	40		40	52		52	10		10	20		20
21	Education Travel	16.8		16.8	22		22	26		26	26		26	31.2		31.2
21	Evacuation Travel			0			0	20		20	20		20			0
21	Retirement Travel			0			0			0			0			0
21	Pre-Employment Invitational Travel	0		0			0			0			0			0
21	Other Mandatory/Statutory Travel	4		4			0	5.6		5.6			0			0
21	Operational Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21	Site Visits - Headquarters Personnel	13.3		13.3	13.3		13.3	39.8		39.8	12.9		12.9	41.7		41.7
21	Site Visits - Mission Personnel	56.6		56.6	67.1		67.1	78.6		78.6	68		68	90.4		90.4
21	Conferences/Seminars/Meetings/Retreats	12.1		12.1	12.1		12.1	28.3		28.3	12.1		12.1	39.6		39.6
21	Assessment Travel	0		0			0	11.3		11.3			0	11.3		11.3
21	Impact Evaluation Travel	5.6		5.6	5.6		5.6	11.3		11.3	5.6		5.6	11.3		11.3
21	Disaster Travel (to respond to specific disasters)			0			0			0			0			0
21	Recruitment Travel			0			0			0			0			0

21	Other Operational Travel	10	10	10	10	46	46	50	50	46	46					
	Subtotal OC 21.0	194.6	0	194.6	193.2	0	193.2	367.4	0	367.4	278.3	0	278.3	398.1	0	398.1
22	Transportation of things	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
22	Post assignment freight	80	80	0	0	27.7	27.7	0	0	27.7	27.7					
22	Home Leave Freight	12	12	0	0	0	0	30.8	30.8	30.8	30.8					
22	Retirement Freight		0		0		0		0		0					
22	Transportation/Freight for Office Furniture/Equip.	3	3	0.2	0.2	1	1	0.3	0.3	1	1					
22	Transportation/Freight for Res. Furniture/Equip.	10	10		0	5	5	1	1	5.5	5.5					
	Subtotal OC 22.0	105	0	105	0.2	0	0.2	33.7	0	33.7	32.1	0	32.1	65	0	65
23.2	Rental payments to others	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
23.2	Rental Payments to Others - Office Space	15	15	80	80	80	80	88	88	88	88					
23.2	Rental Payments to Others - Warehouse Space		0		0		0		0		0					
23.2	Rental Payments to Others - Residences	111	111	120	120	141	141	124	124	171	171					
	Subtotal OC 23.2	126	0	126	200	0	200	221	0	221	212	0	212	259	0	259
23.3	Communications, utilities, and miscellaneous charges	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
23.3	Office Utilities	14.7	14.7	19	19	21.6	21.6	24	24	25.9	25.9					
23.3	Residential Utilities	20	20	23	23	28.8	28.8	25.5	25.5	33.6	33.6					
23.3	Telephone Costs	50	50	55	55	66	66	60.5	60.5	72.6	72.6					
23.3	ADP Software Leases	3	3	3	3	3.2	3.2	3.2	3.2	3.5	3.5					
23.3	ADP Hardware Lease		0		0		0		0		0					
23.3	Commercial Time Sharing		0		0		0		0		0					
23.3	Postal Fees (Other than APO Mail)	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1					
23.3	Other Mail Service Costs		0		0		0		0		0					
23.3	Courier Services	1.2	1.2	1.4	1.4	1.4	1.4	1.5	1.5	1.6	1.6					
	Subtotal OC 23.3	89	0	89	101.5	0	101.5	121.1	0	121.1	114.8	0	114.8	137.3	0	137.3
24	Printing and Reproduction	4.4	4.4	5.5	5.5	6.1	6.1	7	7	7.3	7.3					
	Subtotal OC 24.0	4.4	0	4.4	5.5	0	5.5	6.1	0	6.1	7	0	7	7.3	0	7.3
25.1	Advisory and assistance services	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
25.1	Studies, Analyses, & Evaluations		0		0		0		0		0					
25.1	Management & Professional Support Services	7	7	10	10	10	10	10	10	15	15					
25.1	Engineering & Technical Services		0		0		0		0		0					
	Subtotal OC 25.1	7	0	7	10	0	10	10	0	10	15	0	15	15	0	15
25.2	Other services	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
25.2	Office Security Guards	42.3	42.3	50.8	50.8	50.8	50.8	60.9	60.9	60.9	60.9					
25.2	Residential Security Guard Services	100	100	104.6	104.6	130.8	130.8	110.6	110.6	157	157					
25.2	Official Residential Expenses	0	0	0	0	0	0	0	0	0	0					
25.2	Representation Allowances	2	2	1	1	2	2	2	2	2	2					
25.2	Non-Federal Audits		0		0		0		0		0					
25.2	Grievances/Investigations	0	0		0		0		0		0					
25.2	Insurance and Vehicle Registration Fees	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8					
25.2	Vehicle Rental		0		0		0		0		0					
25.2	Manpower Contracts		0		0		0		0		0					
25.2	Records Declassification & Other Records Services		0		0		0		0		0					
25.2	Recruiting activities		0		0		0		0		0					
25.2	Penalty Interest Payments		0		0		0		0		0					
25.2	Other Miscellaneous Services		0		0		0		0	14	14					
25.2	Staff training contracts	1.5	1.5	3	3	4	4	3	3	5	5					
25.2	ADP related contracts		0		0		0		0		0					
	Subtotal OC 25.2	146.6	0	146.6	160.2	0	160.2	188.4	0	188.4	177.3	0	177.3	239.7	0	239.7
25.3	Purchase of goods and services from Government accounts	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
25.3	ICASS	300	300	400	400	500	500	450	450	600	600					
25.3	All Other Services from Other Gov't. accounts		0		0		0		0		0					
	Subtotal OC 25.3	300	0	300	400	0	400	500	0	500	450	0	450	600	0	600
25.4	Operation and maintenance of facilities	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
25.4	Office building Maintenance	8	8	8	8	8	8	8	8	8	8					
25.4	Residential Building Maintenance	15	15	28	28	38.4	38.4	32	32	43.2	43.2					
	Subtotal OC 25.4	23	0	23	36	0	36	46.4	0	46.4	40	0	40	51.2	0	51.2
25.6	Medical Care		0		0		0		0		0					

Subtotal OC 25.6		0	0	0	0	0	0	0	0	0	0	0	0	0		
25.7	Operation/maintenance of equipment & storage of goods	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.7	ADP and telephone operation and maintenance costs	1.5		1.5	1.5		1.5	1.5		1.5	2		2		2	
25.7	Storage Services			0			0			0			0		0	
25.7	Office Furniture/Equip. Repair and Maintenance	17.5		17.5	18.5		18.5	46.8		46.8	23		23	51.5	51.5	
25.7	Vehicle Repair and Maintenance	8		8	5		5	10		10	12		12	12	12	
25.7	Residential Furniture/Equip. Repair and Maintenance	10		10	8		8	11		11	11		11	12	12	
Subtotal OC 25.7		37	0	37	33	0	33	69.3	0	69.3	47.5	0	47.5	77.5	77.5	
25.8	Subsistence and support of persons (by contract or Gov't.)			0			0			0			0		0	
Subtotal OC 25.8		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26	Supplies and materials	6		6	4		4	6.6		6.6	7		7	7.2	7.2	
Subtotal OC 26.0		6	0	6	4	0	4	6.6	0	6.6	7	0	7	7.2	7.2	
31	Equipment	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
31	Purchase of Residential Furniture/Equip.	100		100	40		40	50		50	0		0	50	50	
31	Purchase of Office Furniture/Equip.	10		10	3		3	5		5	0		0	2	2	
31	Purchase of Vehicles			0			0			0			0		0	
31	Purchase of Printing/Graphics Equipment	13.3		13.3	13.3		13.3	15		15			0		0	
31	ADP Hardware purchases	10		10			0	10		10			0		0	
31	ADP Software purchases	5		5			0	5		5			0		0	
Subtotal OC 31.0		138.3	0	138.3	56.3	0	56.3	85	0	85	0	0	0	52	52	
32	Lands and structures	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
32	Purchase of Land & Buildings (& construction of bldgs.)			0			0			0			0		0	
32	Purchase of fixed equipment for buildings			0			0			0			0		0	
32	Building Renovations/Alterations - Office	5		5	4		4	5		5	2		2	3	3	
32	Building Renovations/Alterations - Residential			0			0			0			0		0	
Subtotal OC 32.0		5	0	5	4	0	4	5	0	5	2	0	2	3	3	
42	Claims and indemnities			0			0			0			0		0	
Subtotal OC 42.0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL BUDGET		1750	0	1750	2311.3	0	2311.3	3029	0	3029	2565.4	0	2565.4	3398.7	3398.7	
Dollars Used for Local Currency Purchases		578.2			700			750			680			770		
Exchange Rate Used in Computations		87			87			87			87			87		
Workyears of Effort 1/																
	FNDH	0			0			0			0			0		
	FN PSCs	0			0			0			0			0		
	IPAs/Details-In	0			0			0			0			0		
	Manpower Contracts	0			0			0			0			0		
Total Workyears		0	0	0	0	0	0	0	0	0	0	0	0	0	0	

1/ One workyear of effort is equal to 2080 hours worked.

Org No: 620
 Org. Title: USAID/Nigeria

TRUST FUNDS FSN SEPARATION FUND

Foreign National Voluntary Separation Account

Action	FY 99			FY 2000			FY 2001		
	OE	Program	Total	OE	Program	Total	OE	Program	Total
Deposits	22.4	7.0	29.4	22.4	9.1	31.5	26.9	11.6	38.5
Withdrawals			0.0			0.0			0.0

Unfunded Liability (if any)
 at the end of each FY.

Local Currency Trust Funds - Regular (\$000s)

	FY 99	FY 2000	FY 2001
Balance Start of Year		0.0	0.0
Obligations			
Deposits			
Balance End of Year	0.0	0.0	0.0

Exchange Rate(s) Used

Trust Funds in Dollar Equivalents, not in Local Country Equivalents

Local Currency Trust Funds - Real Property (\$000s)

	FY 98	FY 99	FY 00
Balance Start of Year		0.0	0.0
Obligations			
Deposits			
Balance End of Year	0.0	0.0	0.0

Trust Funds in Dollar Equivalents, not in Local Country Equivalents

Cost of Controller Operations

11.1	Personnel compensation, full-time permanent	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
11.1	Base Pay & pymt. for annual leave balances - FNDH	0	0	0	0	0	0	0	0	0
	Subtotal OC 11.1	0	0	0	0	0	0	0	0	0
11.3	Personnel comp. - other than full-time permanent	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
11.3	Base Pay & pymt. for annual leave balances - FNDH	0	0	0	0	0	0	0	0	0
	Subtotal OC 11.3	0	0	0	0	0	0	0	0	0
11.5	Other personnel compensation	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
11.5	USDH	0	0	0	0	0	0	0	0	0
11.5	FNDH	0	0	0	0	0	0	0	0	0
	Subtotal OC 11.5	0	0	0	0	0	0	0	0	0
11.8	Special personal services payments	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
11.8	USPSC Salaries	0	90	90	0	0	95	95	0	0
11.8	FN PSC Salaries	43.9	43.9	90	90	90	94	94	100	100
11.8	IPA/Details-In/PASAs/RSSAs Salaries	0	0	0	0	0	0	0	0	0
	Subtotal OC 11.8	43.9	0	43.9	180	0	180	90	0	90
12.1	Personnel benefits	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
12.1	USDH benefits	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
12.1	Educational Allowances	0	0	0	71.8	71.8	0	0	77	77
12.1	Cost of Living Allowances	0	0	0	5	5	0	0	5.5	5.5
12.1	Home Service Transfer Allowances	0	0	0	0.7	0.7	0	0	0	0
12.1	Quarters Allowances	0	0	0	0	0	0	0	0	0
12.1	Other Misc. USDH Benefits	0	0	0	0	0	0	0	0	0
12.1	FNDH Benefits	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
12.1	Payments to the FSN Separation Fund - FNDH	0	0	0	0	0	0	0	0	0
12.1	Other FNDH Benefits	0	0	0	0	0	0	0	0	0
12.1	US PSC Benefits	0	0	0	0	0	0	0	0	0
12.1	FN PSC Benefits	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
12.1	Payments to the FSN Separation Fund - FN PSC	5	5	8	8	8	10	10	10	10
12.1	Other FN PSC Benefits	0.3	0.3	0.5	0.5	0.7	1	1	1	1
12.1	IPA/Detail-In/PASA/RSSA Benefits	0	0	0	0	0	0	0	0	0
	Subtotal OC 12.1	5.3	0	5.3	8.5	0	8.5	86.2	0	86.2
13	Benefits for former personnel	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
13	FNDH	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
13	Severance Payments for FNDH	0	0	0	0	0	0	0	0	0
13	Other Benefits for Former Personnel - FNDH	0	0	0	0	0	0	0	0	0
13	FN PSCs	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
13	Severance Payments for FN PSCs	0	0	0	0	0	0	0	0	0
13	Other Benefits for Former Personnel - FN PSCs	0	0	0	0	0	0	0	0	0
	Subtotal OC 13.0	0	0	0	0	0	0	0	0	0
21	Travel and transportation of persons	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
21	Training Travel	4	4	4	4	7	7	7	7	8
21	Mandatory/Statutory Travel	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line	Do not enter data on this line
21	Post Assignment Travel - to field	0	0	0	0	11.2	11.2	0	0	0
21	Assignment to Washington Travel	0	0	0	0	0	0	0	0	0
21	Home Leave Travel	0	0	0	0	0	0	0	14	14

Cost of Controller Operations

21	R & R Travel		0		0	10	10		0		0					
21	Education Travel		0		0	2.6	2.6		0	3	3					
21	Evacuation Travel		0		0		0		0		0					
21	Retirement Travel		0		0		0		0		0					
21	Pre-Employment Invitational Travel		0		0		0		0		0					
21	Other Mandatory/Statutory Travel		0		0		0		0		0					
21	Operational Travel	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line				
21	Site Visits - Headquarters Personnel		0		0		0		0		0					
21	Site Visits - Mission Personnel	4.8	4.8	6	6	6	6	6.5	6.5	6.5	6.5					
21	Conferences/Seminars/Meetings/Retreats		0		0		0		0	5	5					
21	Assessment Travel		0		0		0		0		0					
21	Impact Evaluation Travel		0		0		0		0		0					
21	Disaster Travel (to respond to specific disasters)		0		0		0		0		0					
21	Recruitment Travel		0		0		0		0		0					
21	Other Operational Travel		0		0		0		0		0					
	Subtotal OC 21.0	8.8	0	8.8	10	0	10	36.8	0	36.8	13.5	0	13.5	36.5	0	36.5
22	Transportation of things	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line				
22	Post assignment freight		0		0	27.6	27.6		0		0					0
22	Home Leave Freight		0		0		0		0	5.4	5.4					5.4
22	Retirement Freight		0		0		0		0		0					0
22	Transportation/Freight for Office Furniture/Equip.		0		0	0.2	0.2		0		0					0
22	Transportation/Freight for Res. Furniture/Equip.		0		0	5	5		0		0					0
	Subtotal OC 22.0	0	0	0	0	0	0	32.8	0	32.8	0	0	0	5.4	0	5.4
23.2	Rental payments to others	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line				
23.2	Rental Payments to Others - Office Space	1.5	1.5	3	3	5	5	5	5	5	5					5
23.2	Rental Payments to Others - Warehouse Space		0		0		0		0		0					0
23.2	Rental Payments to Others - Residences		0		0	30	30	0	0	33	33					33
	Subtotal OC 23.2	1.5	0	1.5	3	0	3	35	0	35	5	0	5	38	0	38
23.3	Communications, utilities, and miscellaneous charges	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line				
23.3	Office Utilities	0.6	0.6	0.9	0.9	1	1	1	1	1	1					1
23.3	Residential Utilities		0		0	4	4	0	0	4.5	4.5					4.5
23.3	Telephone Costs	2.5	2.5	3	3	4	4	4.5	4.5	5	5					5
23.3	ADP Software Leases		0		0		0		0		0					0
23.3	ADP Hardware Lease		0		0		0		0		0					0
23.3	Commercial Time Sharing		0		0		0		0		0					0
23.3	Postal Fees (Other than APO Mail)		0		0		0		0		0					0
23.3	Other Mail Service Costs		0		0		0		0		0					0
23.3	Courier Services	0.1	0.1	0.8	0.8	0.8	0.8	0.9	0.9	0.9	0.9					0.9
	Subtotal OC 23.3	3.2	0	3.2	4.7	0	4.7	9.8	0	9.8	6.4	0	6.4	11.4	0	11.4
24	Printing and Reproduction	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.5	0.5					0.5
	Subtotal OC 24.0	0.3	0	0.3	0.3	0	0.3	0.4	0	0.4	0.4	0	0.4	0.5	0	0.5
25.1	Advisory and assistance services	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line				
25.1	Studies, Analyses, & Evaluations		0		0		0		0		0					0
25.1	Management & Professional Support Services		0		0		0		0		0					0
25.1	Engineering & Technical Services		0		0		0		0		0					0
	Subtotal OC 25.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cost of Controller Operations

25.2	Other services	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
25.2	Office Security Guards	5	5	5.5	5.5	5.5	5.5	6	6	6	6					
25.2	Residential Security Guard Services		0		0	16	16	0	0	18	18					
25.2	Official Residential Expenses		0		0		0		0		0					
25.2	Representation Allowances		0		0		0		0		0					
25.2	Non-Federal Audits		0		0		0		0		0					
25.2	Grievances/Investigations		0		0		0		0		0					
25.2	Insurance and Vehicle Registration Fees		0		0		0		0		0					
25.2	Vehicle Rental		0		0		0		0		0					
25.2	Manpower Contracts		0		0		0		0		0					
25.2	Records Declassification & Other Records Services		0		0		0		0		0					
25.2	Recruiting activities		0		0		0		0		0					
25.2	Penalty Interest Payments		0		0		0		0		0					
25.2	Other Miscellaneous Services		0		0		0		0		0					
25.2	Staff training contracts		0		0		0		0		0					
25.2	ADP related contracts		0		0		0		0		0					
	Subtotal OC 25.2	5	0	5	5.5	0	5.5	21.5	0	21.5	6	0	6	24	0	24
25.3	Purchase of goods and services from Government accounts	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
25.3	ICASS	33	33	35	35	120	120	40	40	160	160					
25.3	All Other Services from Other Gov't. accounts		0		0		0		0		0					
	Subtotal OC 25.3	33	0	33	35	0	35	120	0	120	40	0	40	160	0	160
25.4	Operation and maintenance of facilities	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
25.4	Office building Maintenance		0		0		0		0		0					
25.4	Residential Building Maintenance		0		0	3.5	3.5		0	3.7	3.7					
	Subtotal OC 25.4	0	0	0	0	0	0	3.5	0	3.5	0	0	0	3.7	0	3.7
25.7	Operation/maintenance of equipment & storage of goods	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
25.7	ADP and telephone operation and maintenance costs		0		0		0		0		0					
25.7	Storage Services		0		0		0		0		0					
25.7	Office Furniture/Equip. Repair and Maintenance		0		0		0		0		0					
25.7	Vehicle Repair and Maintenance		0		0		0		0		0					
25.7	Residential Furniture/Equip. Repair and Maintenance		0		0	2	2		0	2	2					
	Subtotal OC 25.7	0	0	0	0	0	0	2	0	2	0	0	0	2	0	2
25.8	Subsistence and support of persons (by contract or Gov't.)		0		0		0		0		0					
	Subtotal OC 25.8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Supplies and materials		0		0		0		0		0					
	Subtotal OC 26.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Equipment	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						
31	Purchase of Residential Furniture/Equip.		0		0	50	50		0		0					
31	Purchase of Office Furniture/Equip.		0		0	5	5		0		0					
31	Purchase of Vehicles		0		0		0		0		0					
31	Purchase of Printing/Graphics Equipment		0		0		0		0		0					
31	ADP Hardware purchases		0		0		0		0		0					
	Subtotal OC 31.0	0	0	0	0	55	0	55	0	0	0	0	0	0	0	0
32	Lands and structures	Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line		Do not enter data on this line						

Cost of Controller Operations

32	Purchase of Land & Buildings (& construction of bldgs.)			0			0			0			0			0
32	Purchase of fixed equipment for buildings			0			0			0			0			0
32	Building Renovations/Alterations - Office			0			0	2		2			0			0
32	Building Renovations/Alterations - Residential			0			0			0			0			0
	Subtotal OC 32.0	0	0	0	0	0	0	2	0	2	0	0	0	0	0	0
42	Claims and indemnities			0			0			0			0			0
	Subtotal OC 42.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL BUDGET		101	0	101	247	0	247	495	0	495	271.3	0	271.3	475	0	475
Dollars Used for Local Currency Purchases		57.7			109			137.9			117.8			152.6		
Exchange Rate Used in Computations		87.7 _____			87.7 _____			87.7 _____			87.7 _____			87.7 _____		

Accessing Global Bureau Services Through Field Support and Buy-Ins

MISSION/OPERATING UNIT: USAID/NIGERIA 620

Objective Name	Field Support and Buy-Ins: Activity Title & Number	Priority *	Duration	Estimated Funding (\$000)			
				FY 2000		FY 2001	
				Obligated by:		Obligated by:	
				Operating Unit	Global Bureau	Operating Unit	Global Bureau
SO 1	INCREASE VOLUNTARY USE OF FAMILY PLANNING	MEDIUM	5YRS.	5,300	1,700	6,400	1,600
SO 2	IMPROVED MATERNAL AND CHILD HEALTH PRACTICES	MEDIUM	5YRS.	4,400	1,200	4,800	1,200
SPO 1	IMPROVED HIV/AIDS/STD PREVENTION AND CONTROL	HIGH	5YRS.	2,000	1,400	8,000	2,000
SPO 2	DEMOCRACY AND GOVERNANCE	HIGH	5YRS.	2,800	1,200	6,400	1,600
SO 3	BASIC EDUCATION	HIGH	5YRS.	0	0	3,000	0
SO/SPO (tbd)	HUMAN CAPACITY DEVELOPMENT	MEDIUM	5YRS.	0	0	2,500	500
GRAND TOTAL.....				14,500	5,500	31,100	6,900

* For Priorities use high, medium-high, medium, medium-low, low

rsw/r401/fldsupsup99.wk4 - 12/8/98

ANNEXES

Annex 1. Environmental Impact

There are currently no activities that need environmental determination.

As USAID/N results packages were categorically excluded from environmental examination at the time of authorization, our projects do not require additional environmental assessment and/or an Environmental Impact Statement. All activities are in compliance with their IEES. These exclusions will be reviewed if and when the results packages are revised. IFES will be developed for new activities in basic education/human capacity building proposed for FY1999.

Annex 2. Updated Results Framework

- SO1. Increased Voluntary Use of Family Planning
 - IR1. Increased Demand for Modern Contraception
 - IR2. Increased Availability of Modern Contraceptives
 - IR3. Enhanced Quality of Family Planning Services
- SO2. Improve Maternal and Child Health Practices
 - IR1. Improved Immunization Practices and Coverage
 - IR2. Improved Case Management of the Sick Child
 - IR3. Improved Child Nutrition Practices
 - IR4. Improved Maternal Health Care
- SPO1. Improved HIV/AIDS/STD Prevention and Impact Mitigation Practices
 - IR1. Increased Awareness of HIV/AIDS/STDs and How to Prevent HIV/STI Transmission
 - IR2. Increased Availability of HIV/STI Prevention Services
 - IR3. Mitigation of Impact of AIDS Through Community-Based Care of Persons Living with AIDS (PLWHA) and Persons Affected by AIDS (PABA)
- SPO2. Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance
 - IR1. Increased Numbers of Women with Decision/Policy Making Skills
 - IR2. Increased Levels of Knowledgeable Participation by Civil Society in Democratic Processes and Governance
 - IR3. Increased Numbers of Civil Society Organizations with Greater Capacity for Democratic Self-Governance and Protection of Human Rights

Annex 3. Program Integration and Synergy – DG and Health

USAID/N's DG and health programs pursue different specific objectives but they share the common goal to improve women's lives. Program activities are mutually reinforcing: while women's empowerment through the DG program has provided an entry point to address various health issues. Activities in reproductive health and child survival have led women to formally organize for increased rights. What has emerged in Nigeria is the mobilization of women's groups for both better health and women's empowerment. To reinforce this development, many USAID-supported NGO activities are integrated across sector lines. A prime example of this is the distribution by JHU/PCS of 1,000 press briefing kits addressing integrated health and DG issues in 1998. Together, the DG and health programs can produce results more dramatically and rapidly than they might have produced singularly.

The DG program has produced benefits in the health and family planning sector at various levels, from local organizing for women's rights and community health to high-level policy- and decision-making. Women's NGOs supported by USAID/N's DG program have mobilized their membership to promote improved health and provide health information on opportune occasions such as the NIDs, World AIDS Day, and International Women's Day. They have also played a pivotal role in gaining support among traditional and modern policymakers against early and forced marriage, female genital mutilation, humiliating widowhood practices, and unfair rules of inheritance, all of which adversely affect the health of women and children. The following paragraphs highlight the involvement and achievements of specific DG NGOs in the health sector:

- The Oyo Market Women Association (OMWA), a DG group which was established to increase the number of women who know how to make their needs known and met by elected officials, has pushed for women's rights on several health fronts. OMWA's membership has pressed local government to ensure the effective refuse disposal services at Ibadan markets, which lack toilets and are generally an unhygienic work environment for a staff of at least 5,000 market women.

- The Abakaliki Women Association (AWA) in Ebonyi State, promotes activities designed to delay early and forced marriage. AWA members make advocacy visits to traditional, religious, political and social community leaders and visit schools to discuss teen pregnancy and highlight the benefits of delaying marriage. As a results of their efforts, a minister has organized a marriage committee to work on ways to discourage early marriage and has promised that any female circumcised in church will not be dedicated.

- WIN/Katsina, an organization working with CEDPA to promote women's political participation, has implemented an HIV/STI prevention project (funded by other donors) working with commercial sex workers. WIN has also established alternative income generation projects for this target group.

- Youth-focused DG groups (YORDEL, MSO and YMCA) were in the forefront of activities during the 1998 World AIDS Day to sensitize youth and raise awareness on HIV/AIDS in the three USAID clusters. The NGOs organized rallies, marches, workshops, debates, and dramas and distributed educative leaflets provided by FHI.

A key element of USAID/N's DG program facilitating results across sectors is the promotion of networks among NGOs around women's issues, including health. Program activities commonly include a strategic networking component providing opportunities for women to meet and exchange ideas. Among the women's NGOs assisted by the DG program, NAWOJ-Kaduna has now allied itself with UNICEF to promote the interests of the girl child, the Anambra Women's Awareness Committee (AWAC) has linked itself with the Red Cross Anambra, and members of OMWA sensitized to women's health issues have joined a breast cancer awareness group, the Breast Cancer Association of Nigeria.

Conferences sponsored by USAID/N's DG program have not only permitted women to expand their health networks but have provided a forum for them to develop, publicize, and act on positions and strategies around health issues. For example, at the *Women's Summit* hosted by the National Council of Women's Societies (NCWS) in December 1998, where women gathered to create a political agenda during Nigeria's transition from a military to a civilian government, issues discussed included traditional beliefs and practices that hinder women's progress, many of which, such as forcing a woman to drink the bath water of her husband's dead corpse, can negatively affect a woman's health.

Women in decision making positions are usually more committed to addressing women's issues, including health. DG activities have helped position women to effect changes in health by encouraging them to assume leadership roles. The DG program's success in fostering the appointment or election of women to local and national-level positions, discussed in the R4 narrative (under Special Objective 2, IR 1) as well as in Annex 4 (Crosscutting Area 1), is thus likely to contribute to the elevation of reproductive health and child survival as issues of higher political priority in Nigeria.

Just as women's empowerment can lead to success in the health sector, improved health status and family planning choices facilitate improved participation by women in the DG sector. Organizing around health and family planning activities also increases the mass of civil society organizations necessary to effect sustainable change in the DG sector. Integrated health activities under the BASICS project, CEDPA, and JHU/PCS are clear examples of the mobilization of women around health issues leading to their increased participation in civil society in general, and in the USAID/N DG program in specific.

CEDPA and JHU/PCS have long included women's empowerment as a critical element of integrated health programs in Nigeria. In promoting community-based distribution of

contraceptives, CEDPA has focussed on organizing women at the community level around reproductive and family health issues. JHU/PCS has complemented these efforts through its activities to improve mass-media as well as interpersonal communication about health among women. When the USAID DG program was first created in 1995-96, women's empowerment was already a specific intermediate result toward the mission's health objectives and CEDPA and JHU/PCS were natural candidates to implement DG activities.

Upon reviewing progress under Phase I of the DG program, JHU/PCS notes that communication strategies for behavior change developed for health programs have served very well in the DG setting, with the added benefit that women are more apt to share information and act as a group when they are dealing with women's empowerment and other DG issues as opposed to more personal reproductive health issues such as family planning. JHU/PCS has now capitalized on the synergies between health and DG objectives by integrating its IEC and advocacy training for NGOs to address women's empowerment directly alongside health issues.

Similarly, BASICS has worked to build community organizations around child survival and integrated health issues and has used women's membership in the CPHs in Lagos and Kano as an entry point for participation in USAID/N's DG program. The successes of this approach to date far exceed the level of participation anticipated. As discussed above under Special Objective 2, BASICS provided training in women's empowerment to 4,253 persons in Kano and Lagos during FY1998 and estimates that the information in turn reached nearly 2 million NGO and community members.

In the area of HIV/AIDS prevention and impact mitigation, the FHI/Impact Project has helped form networks of persons living with HIV/AIDS in each of the three clusters as well as at the national level, which could form the initial steps necessary to organize a campaign to protect their rights. The Mission has considered the possibility of integrating formal DG activities into the HIV/AIDS program but the link has not been made for lack of funding.

Annex 4. Crosscutting Themes

Crosscutting Theme 1. Gender

USAID/N and its partners recognize the importance of raising the status of women so that they may better contribute to and enjoy the benefits of social, economic, and health development at the personal, family, and community levels. Nigerian women have been marginalized, frequently due to traditional culture and religion. The average age of marriage for women is under 19 years old, according to the findings of the 1990 Nigeria DHS, and about 15 percent of Nigerian women ages 15-19 give birth each year. Women's literacy is estimated at 47 percent, as compared to 67 percent for men. USAID/N supports gender equity through research, advocacy, and program activities. Women's empowerment is the focus of Mission-supported activities at all levels from policy to family and individual development. It is the central theme of Special Objective 2 and the key to the synergy between the USAID's DG and health programs in Nigeria (as discussed under Annex 3).

USAID-supported activity toward influencing national policy toward women culminated in an historic Women's Summit held in Abuja in December 1998. Organized by the NCWS with assistance from CEDPA, the summit attracted over 2,000 women from all 36 states of Nigeria to debate, review, and endorse inclusion of an affirmative action clause in the national constitution. Extensive preparation included a September workshop in which women activists, partner organizations, political thinkers, lawyers, and scholars brainstormed on an affirmative action document intended to increase women's participation in Nigerian politics. The participants also recommended other women-friendly policies and urged the formulation of a National Policy on Women. For many, the summit provided a platform for the first time to meet, network and organize on national scale with women from other parts of Nigeria. Upon reaching a consensus at the Women's Summit, the women embarked on a historic march to present their view to the Constitutional Review Coordinating Committee for consideration for Nigeria's constitution.

Achievements in the political arena by Nigerian women in 1998 (highlighted above under Special Objective 2, IR1) include seven women elected as Senators and many more were elected or appointed to positions in local government and the judiciary. Many of these victories for women's empowerment in 1998 are directly attributable to the work of NGOs supported by USAID/N. CEDPA reports that 124 women involved in the DG program participated in elections at LGA level in 1998, 43 received LGA council seats, and 73 were nominated as "Sole Administrators" of LGAs after intensive lobbying and awareness-raising by "100 Women Groups." The following partial list highlights the successful efforts of NGOs assisted by USAID/N to promote increased participation of women in politics in 1998:

- Lobbying by NGOs led by NAWOJ and WIN-Katsina led to the appointment of two women as commissioners and two as council chairpersons in Katsina State.

- Lobbying by NAWOJ-Kano and other DG NGOs helped three women win appointment as council chairpersons and many more as councilors in Kano State. NAWOJ influenced the appointment of 44 female Councilors after an advocacy visit to the Kano State Military Administrator, representing 25% of the total number of Councilors in the 44 LGAs in Kano State.
- AWAC, working with JHU, succeeded in getting traditional rulers in the area to appoint five women into traditional councils which had for centuries remained exclusive to men.
- FOMWAM, a group working with CEDPA, gained the appointment of two women as local council chairpersons and 21 more women into other government structures.
 - The Country Women's Association (COWAN), a DG and health network working with CEDPA in the South West, sponsored 22 women to contest council or senate elections in 1998. Twelve members of COWAN defeated male candidates to become LGA council members and five were appointed as local council chairpersons. After a woman had won the governorship nomination of the Alliance for Democracy but was ousted by male party members, women led by COWAN and "100 Women's Group" members staged a mass march to the party headquarters in Lagos protesting the irregularity and other abuses of the electoral system.
 - The Abia chapter of the International Federation of Women Lawyers (FIDA), a group working with JHU/PCS, succeeded in getting five women appointed as judges and registered thousands of women to register as voters in Umuahia LGA.

In the legal arena, USAID/N supports activities challenging traditional practices which are harmful to women such as early marriage, female genital mutilation, unfair inheritance rights, and humiliating widowhood practices. The Confederation of Osun NGOs (CONFED) established a widowhood association to assist in matters of inheritance and other areas of widows' rights. The Abia Chapter of FIDA succeeded in establishing a *Rescue Center* for women who have been thrown out of their homes by their husbands or families and persuading the Nkwogwu Customary Court to admit the evidence of a woman in a land matter, which was unheard of before.

The Mission's DG program has maximized impact on gender inequities by nurturing the media to influence public opinion and help define the public agenda (see Special Objective 2, IR2 above). Several chapters of NAWOJ have organized political rallies, television talk shows, and radio programs that explain women's rights and responsibilities under the law, increase media coverage of women's concerns, and invite women to join in the political process. TV and radio programs highlighting female leaders reach an audience of millions of Nigerians. USAID-supported efforts to sensitize young women through school-based Women's Political Empowerment (WPE) Clubs are discussed under Cross-Cutting Theme 3 on Youth.

In area of health, women's empowerment is the basis of the program synergies discussed in Annex 3, the rationale for the involvement of BASICS in the DG program, and the overarching concept behind the integrated programs under CEDPA and JHU/PCS. In the area of HIV/AIDS

prevention and control, USAID-funded research under FHI is exploring the social, cultural and economic forces that result in gender differences in sexual experiences, expectations, and the ability to adopt appropriate preventive behaviors.

Crosscutting Theme 2. Improved organizational sustainability of NGOs

Because USAID/N relies on a sustained non-governmental commitment to achieve its objectives in the health and DG sectors, improved organizational sustainability of NGOs is an essential cross-cutting theme of the Mission's program. The Initiatives project, which specialized in promoting NGO management capacity and financial sustainability, closed in FY1997, but the Mission's remaining IPs continue efforts to strengthen NGO capacity in the areas of management, program design, implementation, and evaluation, and income generation.

Successes in building the internal organizational capacity of NGOs working with the DG program is discussed under Special Objective 2, IR3. The JHU/PCS evaluation at the end of Phase I of the DG program found that not only did membership of participating NGOs increase but the members became more active within their organizations and were more likely to have invited someone to join the group. The evaluation also found that members were more demanding of accountability from their leaders, that transparency of NGO operations had improved over the first year, and an increased proportion of NGOs undertook elections rather than simply nominating members for leadership positions.

Management training for NGO staff has been a focus of all of USAID/N's IPs. CDC/N in particular has concentrated on providing training in general management as well as financial management so that NGOs may better utilize and perhaps augment the limited resources available to them. Training provided to hundreds of NGO staff by CDC has addressed management of drug supplies and drug revolving funds as well as project proposal writing, planning, implementation, evaluation, and fundraising. This training was in turn replicated by at least two of the NGOs for their own staff as well as for members of outside organizations (at own cost).

USAID/N requires that NGOs working with IPs develop rational means of formulating and implementing results-oriented strategies. Efforts by the Mission to encourage NGOs to develop strategic frameworks, workplans, and performance targets are akin to agency wide efforts to promote managing for results. The evaluation of Phase I of the DG program by JHU/PCS noted that participating NGOs had successfully improved the focus of their activities, with advocacy visits, for example, becoming better targeted to influence policy. The evaluation noted that the same lesson learned in health programs applied to the DG setting: the objective of the intervention needs to be specific, measurable, achievable, realistic and timely.

Other examples of "managing for results" becoming integrated into NGO activities supported by USAID/N abound. The BASICS Project, in addition to requiring that CPHs draw up workplans detailing specific achievable objectives, has enlisted the participation of CPH members in "Capacity Building Exercises" in which the members themselves gather data on the community to be used for planning and monitoring purposes. The Women's Law and Development Center, Nigeria (WLDCN), with encouragement of the DG program, produced a checklist of indicators on internal democracy and shared leadership which provides a guide for assessing its own level of internal democracy as well as that of other NGO partners. Most recently, the various participants in the Women's Summit of December 1998 established consensus on a specific, achievable target to be pursued: that women should have 30% participation in Nigerian politics.

USAID/N also requires that participating NGOs explore alternative avenues for outside support in order to achieve sustainability beyond USAID's limited assistance. As discussed under Strategic Objective 2, NGOs working with the BASICS Project, CDC, and CEDPA have succeeded in obtaining unprecedented levels of cooperation with federal, state, and local government in coordinating the NIDs. The CPHs working with BASICS in Lagos have also solicited and received ORS sachets from UNICEF. The most successful bid for increased support from other donors has been by PSI/SFH, which, facing decreased levels of funding from USAID for contraceptive social marketing, leveraged DFID and UNFPA to make up gaps.

Sustainable programs require a solid foundation of civic participation and support. USAID/N's IPs help build this foundation not only by developing and strengthening NGOs but also by developing mechanisms whereby the community can contribute to the management of programs intended to help it. The crucial support of individuals such as community health workers and community-based distributors of contraceptives is thus complemented by the development of community institutions to sustain program impact. Examples of these institutions include Village Development Committees formed in the majority of the communities where CDC supports NGO health activities and 12 Community Advocacy Support Committees helping to guide FHI/Impact's Home-Based Care (HBC) project for PLWHA.

Sustainable NGOs and active NGO members require a solid financial base. Women participating in USAID/N's DG program have pursued a variety of strategies to augment scarce financial resources. UWA organized women in Kano State into trade Cooperatives based on their areas of economic interest. In four LGAs, women who were assisted by trade cooperatives then were able to form "100 Women Groups" and join the struggle for women's empowerment. OMWA solicited and received support from the Nigeria Bottling Company to help publicize and implement its "Cleanest Market Competition" program. CPHs working with BASICS have developed three main mechanisms for fundraising: collection of dues and donations, fundraising activities like raffles and launchings, and income-generating projects such as operating an ambulance for hire, instituting a revolving drug fund, or establishing Cooperative and Thrift Societies which not only aid individual members but also generate a small profit for the CPH. A

key area of training under FHI/Impact's HBC Project for PLWHA has been development of income generation and vocational skills.

Efforts to develop technical capacity within NGOs are also intended to facilitate sustainable interventions. For example, technical assistance by JHU/PCS helps NGOs develop capacity to implement IEC activities for integrated health and DG programs. During FY1998, JHU/PCS's activities included several workshops in communication strategy design, marketing, and document and script-writing, and further assistance in the creation of resource materials to help form the foundation of skills necessary for NGOs to implement sustainable IEC programs.

One final area which is pivotal to the Mission's efforts to develop a sustainable, critical mass of civil society organizations to pursue DG and health objectives is the promotion of alliances, coalitions and networking among NGOs with common themes (see R4 narrative under Special Objective 2, IR2). A prime example of the Mission's success in this area is the continued phenomenal growth of the 100 Women Clubs, as highlighted in last year's R4. In 1998, this model mobilized a total of 185 "100 Women Clubs" groups in 10 networks covering 191 LGAs, as well as an additional 820 other community-based organizations. With increased participation at the local level, the DG has scaled up its work to support national and regional umbrella organizations, as exemplified in the NCWS alliance of over 30 women's NGOs with a chapter in all 36 Nigerian states as well as the capital. The historic Women's Summit of December 1998 would not have been possible without the intensive coalition-building efforts of "100 Women Clubs" and the NCWS.

NGOs active in the Mission's health program have also benefited from coalition-building. CPHs working with BASICS, for example, have tended to call on each other more often to get assistance and advice in solving problems and are reaching out to other agencies, both governmental and non-governmental, to access resources and technical assistance. The CPHs have been brought together on many occasions related to training but achieved their greatest level of interaction while participating in the mock parliament component of the DG program.

Crosscutting Theme 3. Youth

According to the Population Reference Bureau, there are over 36 million youth under age 24 in Nigeria, a number which is expected to more than double to over 75 million by 2025. Youth is a time of tremendous energy, the development of ideas and skills, and new experiences, accompanied by social and psychological changes. The obstacles youth face in Nigeria include teen pregnancy and abortion, sexually-transmitted diseases including HIV/AIDS, unemployment, drug abuse, and political disenfranchisement. The vulnerability of youth is exemplified by the large numbers of Nigerian teens who are sexually active but misinformed about the risks and consequences of sexual activity: a 1993 study revealed that only 5% of secondary school students in Lagos said that HIV could be prevented by sexual abstinence and

only 1% suggested a condom as a way to prevent HIV/AIDS.¹ Nigerian teens account for 80% of unsafe abortion complications treated in hospitals and in the southwest region, adolescent girls make up 60% of women seeking abortions.² The challenge for USAID/N is to help Nigerian youth creatively release energy and become productive members of society.

Traditionally, youth have been neglected in health and development programs. USAID/N is encouraging the IPs to capitalize on their energy, and, recognizing that youths know best how to target youths, to encourage their participation and assistance in the development of programs. PSI/SFH exemplifies this approach in its mobile outreach educator program, which has reached thousands of youth through rallies and events on topics of interest to youth such as the “Most Beautiful Girl on Campus”. At these events, educational pamphlets on safer sex and negotiating sex are distributed, the correct way to use a condom is demonstrated, and popular singers and athletes lend their endorsement and sometimes perform. Through education, mass media, and these large “enter-educate” events, PSI/SFH seeks to empower adolescents to make decisions on and practice safe sex, including using condoms. With assistance from DFID, PSI/SFH strategically markets “Cool” brand condoms to young people with attractive youth-friendly packaging and lower-cost packages of two condoms.

The Mission's other IPs have also focussed on youth and young women in particular in their integrated health programs. Most of the Community Partners for Health formed with BASICS assistance, for example, have formed youth wings which have become instrumental in awareness campaigns, particularly those concerning the dangers of HIV/AIDS, and FHI has also focussed on school-aged youth in its HIV awareness activities.

Youth empowerment is a key complementary theme to the DG program's emphasis on women's empowerment. Several of the local NGOs working with the IPs have programs to help empower youth to be decision makers, increase their involvement in civics, and plan their future:

- Community Women and Development (COWAD), Oyo State, promotes civic awareness and democratic participation among youths through school-based workshops to help young women overcome gender prejudices and realize their potential. These workshops, which encourage girls to complete their education and become leaders, have led to the creation of 20 Women's Political Empowerment (WPE) Clubs comprised of 2,000 youths (1,600 girls and 400 boys) that reinforce workshop messages through organized quiz and debate competitions. The program is intended to reach over 3,000 in-school youths, 90 secondary school teachers and principals and 3,000 members of PTAs.

- AWA works to keep underage girls in the educational system and out of early and forced marriage.

¹ Federal Ministry of Health and Social Services, Federal Government of Nigeria. Nigeria Country Report for International Conference on Population and Development: Cairo 1994, Lagos, Ministry of Health, 1994:52.

² *Abortion in Nigeria*, Factsheet. Campaign Against Unwanted Pregnancy, 1999.

- FOMWAN/Kebbi, through the “Visible Girl Child” project, has helped break down the socio-cultural barriers to Muslim girls by providing access to formal education and establishing and coordinating an NGO networking program on girls' education.

- The Gumel Youth Movement (GYM), with more than 1,000 members, aims to increase the knowledge of in-school youth on DG issues and number of in-school youths who support women's participation in decision-making. Accomplishments in 1998 include establishing 10 WPE Youth Clubs in 10 secondary schools in Jigawa State which supported and promoted two candidates, one girl and one boy, from GYM for the LGA & Councilor positions. Both won.

- The Muslim Sisters Organization (MSO) of Kano strives to create awareness among young women regarding their rights and responsibilities as prescribed by Islamic law, encouraging them to realize their full potential as women and as citizens of Nigeria.

- NAWOJ/Sokoto works to increase number of in-school youth who support/promote WPE and established three WPE debating clubs in three local colleges.

- YORDEL is a youth-focused organization that has established several school-based youth clubs in the Southeast to promote youth leadership and participation in decision making.

Annex 5. Evaluation Agenda

Strategic Objective 1: Increased Voluntary Use of Family Planning: The family planning program was evaluated in 1992. Mission believes it is critical that a new evaluation is done as soon as possible and has scheduled such an evaluation for May 1999.

Strategic Objective 2: Improved Maternal and Child Health Practices: Mission is in the process of preparing for an evaluation of our CS program/BASICS this fiscal year. The evaluation is scheduled for May 1999.

Special Objective 1: Improved HIV/AIDS/STD prevention and Impact Mitigation Practices: The HIV/AIDS program was last evaluated in 1997 before the end of the AIDSCAP project and before the IMPACT project came on stream. We propose a mid-year monitoring and evaluation in July, 2000 to measure outcome as well as verify the current baseline data.

Special Objective 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance: The DG program which has been in place for the past three years has never been evaluated. Mission plans to have an evaluation in May, 1999 in order to identify results and impact to date and to validate the strategic objective and results framework. Based on findings and recommendations, the ongoing program will be revised and a new strategic framework developed in synergy with the BHA/OTI/Global transitional DG program.

Other Reports that have been produced at the mission or funded by the mission are:

Building Partnerships in Governance: Nigeria Democracy and Governance Project, Phase I, Johns Hopkins University/Population Communication Services, Evaluation Report, September 3, 1998. This report evaluates the first phase of a project designed to work with Nigerian NGOs in developing DG activities that promote women's empowerment and participation in politics. As there is a lack of models for evaluating DG initiatives, this study may be of use for missions attempting to develop or assess their own DG initiatives. Using a quasi-experimental design, the evaluation strategy assesses project impact on behavior change at three levels: institutional, membership, and community. Results suggest that the Phase I of the DG project had appreciable impact on the primary audience (NGO members), as well as the institutions themselves. Knowledge of D&G issues by NGO members improved, and an increase in members activism was also reported. Additionally, total numbers of NGOs, as well as their memberships, increased. Through the DG efforts, the status of women was raised. The project was able to successfully address audiences at different levels of the behavior change process.

Building Partnerships in Governance: Nigeria Democracy and Governance Project, Phase II, Johns Hopkins University/Population Communication Services (forthcoming, 1999). This report will evaluate the second phase of a project designed to work with Nigerian NGOs in developing DG activities that promote women's empowerment and participation in politics.

Demographic and Health Survey (DHS) (planned for 1999). A repeat of the 1990 DHS, the most extensive national survey on knowledge, attitudes, and practices in family planning and maternal and child health, is being planned by National Population Commission. UNFPA has promised to support the effort. USAID/N will provide substantial support to this survey results. Results will provide the data base for Mission's health related activities.

Family Planning Spot Study, Research & Marketing Services Ltd., December 1998 (Draft Report). This is a spot survey of the family planning situation in Nigeria in both public and private sectors. The survey used three research techniques, a literature review, quantitative research and qualitative research to gather information. The survey provides information on knowledge, attitudes and use of family planning among sexually active Nigerians aged 18-45. Additionally, current Government Policy on Population and its commitment to family planning is reviewed and information on key actors and sources of funding is compiled. Suggestions are made as to how USAID, other donors and the Nigerian government can improve the family planning situation in Nigeria. The study also makes recommendations to USAID for potential future programming.

Multi Indicator Cluster Survey (MICS) II, Federal Office of Statistics and UNICEF (forthcoming in 1999). Following up on the MICS of 1995, data gathered from 5,000 households on child survival, family planning, HIV/AIDS awareness, and maternal mortality expected to be published by midyear.

Nigerbus Survey, Research and Marketing Service (RMS), A Gallop International Institute. This quarterly survey is the only national survey conducted on a regular basis by a private organization. It is a primarily urban sample reaching over 5,000 respondents. PSI/SFH has submitted extensive questions regarding knowledge and use of family planning, knowledge of HIV/AIDS, and knowledge and attitudes relating to DG. JHU/PCS serves as the RMS contact point for USAID/N and other IPs, such as FHI/Impact.

Sexual Behavior, HIV/AIDS Awareness and Condom Use Survey, The Society for Family Health (SFH), Nigeria, December 1998. This is the first of a biannual series that measured the effectiveness of SFH education and condom distribution activities and provide information for marketing campaigns. The survey covers all 36 states of Nigeria. Interviews were completed with 5,000 respondents. The survey collects baseline information for project assessment as well as provide essential information for communication programs by SFH and others working to control HIV/AIDS.

Summary of Findings of the Capacity Building Exercise: HF-CBE Follow-Up, BASICS/Nigeria, October 1998. Capacity Building Exercises are household surveys conducted by the BASICS'

"Community Partners for Health" (CPHs) in the catchment areas of their facilities. CBEs for the original six CPHs in Lagos were conducted first in 1996-97 and again in 1998.

Summary of Findings of the Integrated Baseline Health Survey (IBHS) carried out in 1997 in all BASICS Community Partners for Health in Kano, BASICS/Nigeria, November 1998. A special effort following up on USAID/N's first IBHS conducted in 1995 in order to establish baseline information in new areas of program implementation.

Annex 6. Results Review for United States Information Service (USIS) activities in Democracy/Governance funded by USAID/W

Responding to feedback from AID/W, USAID/N requested that USIS provide more information on program performance in conformance with the R4 format. USIS responded with a wealth of information on program activities and results in FY1998. Due to the restricted format of the R4, the Mission is presenting the Results Review for USIS in this annex, which allows presentation of information on the full breadth of the USIS DG program.

In past R4 submissions, USAID/N included results reporting for DG programs under USIS and DHRF within the R4 narrative for Special Objective 2, particularly where these agencies' documented results directly contribute to a specific element of USAID/Ns results framework. During FY1997-98, USIS activities directly contributed to the following IRs under USAID/N's Special Objective 2:

USAID/N IR2: Increased levels of knowledgeable participation by civil society in democratic processes and governance. During FY1997-98, the DG program under USIS counted over 45,000 print or electronic media articles educating the public about women's rights. In this period, over 3,500 women participated in 48 activities supported by USIS to promote a better understanding of women's rights, including training sessions, workshop, presentations, and advocacy meetings. Ten more activities focussing on the promotion of conflict resolution and mediation benefited nearly 600 participants. USIS also produced over 74,000 print or electronic media materials or programs promoting civic education, democratic development, and/or human rights and supported 24 activities in this area with 1,416 participants. An additional 15 journalists and other media practitioners participated in USIS activities promoting media rights.

USAID/N IR3: More civil society organizations with greater capacity for democratic self-governance and protection of human rights. During FY1998, USIS implemented a survey to measure increases in institutional capacity for grant recipients. Although the USIS DG program only supports short-term grants for a maximum period of six months, the survey found evidence of impact on these organizations including improved administrative, financial management, event organization, community mobilization, and curriculum development skills as well as an increased understanding of the participants and the communities involved in the activity. The greatest impact occurred on organizations receiving a grant for the first time. During FY1997-98, USIS supported 52 activities promoting legal rights and the rule of law, including four activities carried out by labor unions with 377 participants.

The remainder of this annex is comprised of materials provided by USIS for this year's R4 submission, including a results framework, background information on the USIS DG program, highlights of program results thus far, and performance data tables for FY1997-98

Results Framework, USIS DG Program

SPECIAL OBJECTIVE 1:

Strengthen civil society's contribution to sustainable democracy and good governance

IR1.1: Increased promotion of conflict resolution and mediation as prevention to human rights abuses

IR1.2: Increased promotion of women's democratic participation and political empowerment

IR1.3: More labor unions engaged in labor rights, human rights, and democratic development

IR1.4: Increased number of media practitioners and journalists promoting media rights, human rights, and democratic development.

IR1.5: Increased promotion of accountability and transparency in civic society and government.

IR1.6: Increased number of activities carried out to promote civic education, democratic development, and human rights

IR1.7: Increased number of people promoting legal rights and rule of law

IR1.8: Increased number of organizations with improved institutional capacities

SPECIAL OBJECTIVE 2: Strengthen civil society's contribution to the success of the upcoming elections

IR2.1: Elevated level of political discourse

IR2.2: Improved coverage of the electoral process by journalists

IR2.3: Increased voter participation in elections

IR2.4: Enhanced Domestic Monitoring of Elections

Synopsis of Program

The Democracy and Governance(DG) Program of the United States Information Service (USIS), Lagos, Nigeria, was created to administer funds allocated through an Interagency Agreement with the USAID for \$1,300,000 dollars. The program was designed to start in October 1996 and end after three years in September of 1999. In September 1998, USAID provided an additional \$50,000 to the DG Program for media-related projects during the transition period.

The DG Program provides subgrants of \$25,000 dollars to NGOs throughout Nigeria. Because of the drug decertification of Nigeria by the US Government, the program cannot fund governmental organizations, agencies, or parastatals. The program can only work with Nigerian NGOs which include community based, alternative social service, independent mass media, and academic organizations. In general, the program funds mostly human rights organizations, pro-democracy groups, and women's empowerment associations. The DG Program at USIS also attempts to complement the USAID/N DG which works through CEDPA and JHU/PCS to aid women's rights activities in sixteen states in Nigeria.

The goals of the DG Program are to increase civil society's contribution to democratic participation and respect for fundamental human rights, and support the building of a sustainable democracy in Nigeria. To implement these goals, the fund targets high-impact, short-term activities such as education, training, advocacy instruction, grassroots mobilization, document production, capacity building, research, and institutional strengthening. In the past two years, the DG Program has sponsored 84 grant projects with 72 organizations which have focused on:

- Human Rights and Democratic Development - political participation, good governance, transparency, accountability, and civic education
- Women's Rights - legal rights, political rights, and civil rights
- Media Rights - press freedom and human rights reporting
- Labor Rights - labor unions and freedom to organize
- Legal Rights - alternative dispute resolution, legal aid, and rule of law

In fiscal year 1996/97, the program funded 27 grants for about \$214,000 dollars while in 1997/98 the program funded 45 grants for approximately \$455,000 dollars. During the 1998/99 fiscal year, \$390,000 dollars worth of grants will be awarded to NGOs for transition-related activities.

The program has had the following highlights:

- publication of an anti-corruption leaflet which was inserted into newspapers with national circulation
- training for media practitioners on how to report religious and ethnic conflict without causing increased violence
- film produced to teach the public about not selling their votes for a fee to parties or politicians which was shown as a trailer in local theaters
- production of large commercial billboards next to major highways in Lagos to carry messages which enlighten and inspire Nigerians to assert and protect human rights
- series of regional workshops for members of cooperative associations to strengthen internal democratic process and promote cooperative values

Notably, the DG Program funded two progressive NGOs who have trained thousands of domestic observers. The Transition Monitoring Group (TMG), a coalition of Nigerian human rights and democratic development NGOs, and the Justice, Development, and Peace Commission of Ijebu-Ode received funding to support their domestic election monitoring activities. The DG Program provided TMG with capacity building funds to establish their secretariat, hire staff, pay for communication and travel costs, and purchase office equipment. The Justice, Development, and Peace Commission (JDPC) received a grant to pay for costs to train domestic observers on the local and regional level, purchase office equipment to facilitate materials production, and develop and materials necessary for training and observing the elections. These organizations reported the observations of the domestic monitors for the December 5, 1999 election to the press, INEC, the UN, and the diplomatic community. These reports provided data on voter

participation and an analysis of the performance of INEC, party officials, and electoral officers. Both TMG and JDPC are now training additional observers on the regional and local level for an increased presence during the national assembly and presidential elections.

Annex 6 (cont.): USIS Performance Data Tables

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/N		
RESULT NAME: Increased promotion of women s democratic participation and political empowerment		
INDICATOR: Increased number of activities educating the public on women s rights		
UNIT OF MEASURE: Number of activities educating the public on women s rights. SOURCE: USIS INDICATOR DESCRIPTION: Number of training, workshops, seminars, and other educational activities by NGOS assisted by the USIS DG program. COMMENTS: Women s rights activities for FY 98 had 3,854 participants.	YEAR	RESULTS
	1996 (B)	0
	1997	4
	1998	46
	1999 (T)	

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/N		
RESULT NAME: Increased number of activities carried out to promote civic education, democratic development, human rights, promotion of legal rights, and the rule of law (combination of increased promotion of civic education, democratic development, and human rights, and increased promotion of legal rights and rule of law).		
INDICATOR: Number of activities carried out to promote civic education, democratic development, human rights, legal rights and the rule of law		
UNIT OF MEASURE: Number of training, workshops, seminars, and other educational activities by NGOS assisted by the USIS DG program. SOURCE: USIS INDICATOR DESCRIPTION: COMMENTS: Civic education, democratic development, and human rights activities for FY 98 had 5,415 participants.	YEAR	RESULTS
	1996 (B)	0
	1997	11
	1998	67
	1999 (T)	

Annex 6: USIS Performance Data Tables (cont.)

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/N		
RESULT NAME: Increased promotion of women s democratic participation and political empowerment		
INDICATOR: Increased number of electronic and print media products created to educate the public on women s rights		
UNIT OF MEASURE: Number of radio programs, television programs, newsletters, leaflets, videos, brochures, magazines, and books produced by US assisted NGOs SOURCE: USIS INDICATOR DESCRIPTION: COMMENTS:	YEAR	RESULTS
	1996 (B)	0
	1997	17,390
	1998	33,938
	1999 (T)	

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/N		
RESULT NAME: Increased number of activities carried out to promote civic education, democratic development, and human rights		
INDICATOR: Number of electronic and print media products created to promote civic education, democratic development, and human rights		
UNIT OF MEASURE: Number of radio programs, television programs, newsletters, leaflets, videos, brochures, magazines, and books produced by US assisted NGOs SOURCE: USIS INDICATOR DESCRIPTION: COMMENTS:	YEAR	RESULTS
	1996 (B)	0
	1997	66,972
	1998	89,283
	1999 (T)	

